

## 2019 Convention Registration Form—Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_ Degree(s) \_\_\_\_\_  
 Organization \_\_\_\_\_ Is this organization an FQHC?  yes  no  
 Organization Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 If you are a presenter, please enter your workshop slot, ex. A2, B5: \_\_\_\_\_

Conference Fees	Before May 10	After May 10	\$ _____	Workshop Sessions	First Choice	Second Choice
<b>*General Registration</b>	<b>\$550</b>	<b>\$600</b>	\$ _____	Please enter the number of the workshop sessions that are your first and second choices. We will make every effort to place you in your first choice session.		
<b>Presenter Registration</b>	<b>\$500</b>	<b>\$550</b>	\$ _____			
<b>Student (undergrad or grad)</b> <i>Fax letter from registrar (202) 638-5879</i>	<b>\$400</b>	<b>\$425</b>	\$ _____	<b>Monday, June 24</b>		
<b>Youth (high school) \$100 rate for first 25 registrants</b>	<b>\$200</b>		\$ _____	Session A Workshops	9:30-10:45am	_____
				Session B Workshops	11:00-12:15pm	_____
				Session C Workshops	2:15-3:30pm	_____
				Session D Workshops	3:45-5:00pm	_____
<b>Optional Items</b>				<b>Tuesday, June 25</b>		
<b>Guest for Food Events Only Adult</b>	<b>\$125</b>		\$ _____	FC Workshop I (limit: 30 seats)	1:00-2:30pm	_____
<b>Guest for Food Events Only Children (Age 4-17)</b>	<b>\$75</b>		\$ _____	FC Workshop II or III	2:30-3:45pm	_____
<b>Pre-Conference Workshops</b> <i>Not available for purchase onsite.</i>				Session E Workshops	4:15-5:30pm	_____
<b>PC1, Part I (limit: 40 seats)</b> <i>Sun, June 23, 8:30am-12:30pm</i>	<b>\$100</b>	<b>\$120</b>	\$ _____	<b>Wednesday, June 26</b>		
<b>PC2, Part II (limit: 40 seats prerequisite Part I)</b> <i>Sun, June 23, 1:00pm-3:00pm</i>	<b>\$75</b>	<b>\$85</b>	\$ _____	Session F Workshops	8:15-9:30am	_____
<b>PC3, Part III (limit: 12 seats prerequisite Part II)</b> <i>Sun, June 23, 3:00-5:00pm</i>	<b>\$50</b>	<b>\$65</b>	\$ _____	Session G Workshops	9:45-11:00am	_____
<b>PC4 (limit: 20 seats)</b> <i>Sun, June 23, 1:00pm-5:00pm</i>	<b>\$0</b>	<b>\$0</b>	\$ _____	<b>Monday-Wednesday</b>		
<b>PC5</b> <i>Sun, June 24, 1:00pm-5:00pm</i>	<b>\$100</b>	<b>\$120</b>	\$ _____	Youth Program		
<b>Continuing Education</b> <i>Select one:</i> <input type="checkbox"/> CME, CNE, CHES <input type="checkbox"/> Social Work <input type="checkbox"/> NAPNAP <input type="checkbox"/> Dental	<b>\$55</b>		\$ _____	<b>I will attend the following events. Please select yes or no:</b>		
<b>Donations</b> <input type="checkbox"/> Unrestricted Funds <input type="checkbox"/> Youth Funds			\$ _____	<b>PL1 – Opening Plenary</b> Mon, June 24, 8:00am-9:15am	<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Membership Renewal</b> <input type="checkbox"/> Individual <input type="checkbox"/> Organization <input type="checkbox"/> Student*	<b>\$100</b> <b>\$500</b> <b>\$25</b>		\$ _____ \$ _____ \$ _____	<b>PL2 – Luncheon Plenary/Business Meeting</b> Mon, June 24, 12:30pm-2:00pm	<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>TOTAL</b>			\$ _____	<b>Opening Reception</b> Mon, June 24, 5:00pm-6:30pm	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<b>PL3 – Closing Plenary</b> Wed, June 26, 11:15am-12:30pm	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<b>Special Needs:</b>		
				_____		
				_____		
				<b>Food Restrictions:</b>		
				_____		
				_____		

Check enclosed (Make payable to: School-Based Health Alliance)    Credit Card Information  VISA  MasterCard  Discover  Amex

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ [Security Code: \_\_\_\_\_]

Federal ID Number: 54-1752058

**Fax to: (202) 638-5879 or Mail to: School-Based Health Alliance- 1010 Vermont Ave., NW, Suite 600 Washington, DC 20005**

\*Discounted rates available for groups of 5 or more on general registration. Please call (202) 638-5872 for more information.  
 Guest meals: Three breakfast, one luncheon, and opening reception.