



Registration form fields: First Name, Last Name, Title, Degree(s), Organization, Organization Mailing Address, City, State, Zip, Work Phone, E-mail.

If you are a presenter, please enter your workshop slot, ex. A2, B5:

Conference Fees

Table with columns: (check your choice), Before May 8, After May 8. Rows include General Registration, Presenter Registration, Student, Youth.

Pre-Conference Workshops

Table with columns: Workshop Name, Before May 8, After May 8. Rows include PC1, PC2, PC3, PC4.

Optional Items

Table with columns: Item Name, Price. Rows include Guest for Food Events, Site Visit.

Continuing Education (Select one)

Table with columns: Item Name, Price. Rows include CME, Social Work, NAPNAP, Dental.

Donations

Table with columns: Item Name, Price. Rows include Unrestricted Funds, Youth Funds.

Membership Renewal

Table with columns: Item Name, Price. Rows include Individual, Organization.

Summary table for Subtotal: Conference Fee, Pre-Conference Fee, Optional Items, Continuing Education, Donation, Membership.

TOTAL DUE: \_\_\_\_\_

\*Discounted rates available for groups of 5 or more on general registration. Please call (202) 638-5872 for more information.

Guest meals: Breakfast and Lunch Wednesday and Thursday.

Workshop Sessions

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.

Table with columns: Session Name, Time, 1st Choice, 2nd Choice. Rows include Wednesday, June 24 and Thursday, June 25 sessions.

'Be the Change' Youth Program

I will attend the following events. Please select yes or no:

Table with columns: Event Name, Yes, No. Rows include PL1: Opening Plenary, PL2: Luncheon Plenary, PL3: Lunch with Exhibitors, PL4: Closing Plenary.

Special Needs:

Food Restrictions:

Payment Methods

- Check (payable to School-Based Health Alliance)
Visa
MasterCard
AmEx
Discover

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

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

Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Federal ID Number: 54-1752058