



# REGISTRATION (COLORADO ATTENDEE)

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

(check your choice)

	<b>CASBHC Member through June 5</b>	<b>CASBHC Non- Member/ Member after June 5</b>
General Registration	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Colorado Day Registration (Weds. Only)	<input type="checkbox"/> \$195	<input type="checkbox"/> \$240
Student (undergrad or grad)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425
Fax letter from registrar (202) 638-5879 Youth (high school)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

**\$100 rate for first 25 registrants**

### Pre-Conference Workshops

Not available for purchase onsite.

PC1: Tue, June 23, 1:00pm-5:00pm (limit: 30 seats)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
PC2: Tue, June 23, 1:00pm-5:00pm	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
PC3: Tue, June 23, 1:00pm-5:00pm	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
PC4: Tue, June 23, 1:00pm-4:00pm (Colorado attendees only)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

### Optional Items

Guest for Food Events Only (Adult)	<input type="checkbox"/> \$125
Guest for Food Events Only (Age 4-17)	<input type="checkbox"/> \$75
Site Visit: Thu, June 25, 8:15am-11:00am	<input type="checkbox"/> \$35

### Continuing Education (Select one)

<input type="checkbox"/> CME, CNE, CHES	
<input type="checkbox"/> Social Work <input type="checkbox"/> NAPNAP <input type="checkbox"/> Dental	<input type="checkbox"/> \$55

### Donations

<input type="checkbox"/> Unrestricted Funds <input type="checkbox"/> Youth Funds	_____
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### Membership

Individual	<input type="checkbox"/> \$75
Associate	<input type="checkbox"/> \$250

### Subtotal:

Conference Fee	_____
Pre-Conference Fee	_____
Optional Items	_____
Continuing Education	_____
Donation	_____
Membership	_____

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

### 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.

		<b>1st Choice</b>	<b>2nd Choice</b>
<b>Wednesday, June 24</b>			
Session A Workshops	9:45-11:00am	_____	_____
Session B Workshops	11:15-12:30pm	_____	_____
Session C Workshops	2:30-3:45pm	_____	_____
Session D Workshops	4:00-5:15pm	_____	_____
<b>Thursday, June 25</b>			
Session E Workshops	8:15-9:30am	_____	_____
Session F Workshops	9:45-11:00am	_____	_____
Session G Workshops	1:00-2:15pm	_____	_____
Session H Workshops	2:30-3:45pm	_____	_____

'Be the Change' Youth Program

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

PL1 : Opening Plenary		
Wed, June 24, 8:15am-9:30am	<input type="checkbox"/> yes	<input type="checkbox"/> no
PL2: Luncheon Plenary/Business Meeting		
Wed, June 24, 12:45pm-2:15pm	<input type="checkbox"/> yes	<input type="checkbox"/> no
PL3: Lunch with Exhibitors/Poster Session/Awards		
Thu, June 25, 11:15am-12:45pm	<input type="checkbox"/> yes	<input type="checkbox"/> no
PL4: Closing Plenary		
Thu, June 25, 4:00pm-5:15pm	<input type="checkbox"/> yes	<input type="checkbox"/> no

### 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

**Colorado attendees receive a special registration rate. Must have discount code to qualify for Colorado Member rate.**

Guest meals: Breakfast and Lunch Wednesday and Thursday.