

Step Forward Together: 2008 Public Health Partners Conference

Monona Terrace Community and Convention Center
Madison, WI
July 22-24, 2008

Presented by
National Association of Local Boards of Health
Wisconsin Association of Local Health Departments and Boards
Wisconsin Public Health Association

REGISTRATION FORM

Name _____ Agency/Employer _____

Address _____ Phone _____

City/State/ZIP _____ Email Address _____

*Information provided is for **home** or **work** (please circle)*

Please circle your preferred session(s). Session information is available elsewhere in this brochure.										
PRE-CONFERENCE	July 22	9:00 am – 12:00 pm		#1						
		1:00 – 5:00 pm			#2					
		1:00 – 4:00 pm				#3	#4	#5	#6	#7
BREAKOUTS	July 23	10:30 am	Block 1	1.1	1.2	1.3	1.4	1.5	1.6	
		2:15 pm	Block 2	2.1	2.2	2.3				
	July 24	9:45 am	Block 3	3.1	3.2	3.3	3.4	3.5	3.6	3.7
		11:00 am	Block 4	4.1	4.2	4.3	4.4	4.5	4.6	4.7
		2:00 pm	Block 5	5.1	5.2	5.3	5.4	5.5	5.6	

This information will be used to assign rooms. Attendees are not required to attend based on their selections, nor will attendees be guaranteed space based on the information provided

REGISTRATION FEES Please circle the appropriate registration fee.	Conference & pre-conference	One-day conference pass (July 23 or 24)		Pre-conference session only
Member Includes WPHA, WALHDAB & NALBOH members.	\$195	July 23 \$125	July 24 \$125	\$75
Non-member <input type="checkbox"/> Check here if you'd like to apply \$75 towards 2008 WPHA membership.	\$270	July 23 \$200	July 24 \$200	\$75 membership option n/a
Retired or Student Member	\$80	July 23 \$60	July 24 \$60	\$25

Additional Information

Check here if you are an Iowa nurse and provide your license # here: _____

Check here if you require a vegetarian lunch or have another dietary restriction.

Dietary restriction, please explain: _____

Check here if you have special needs (i.e. physical). WPHA will contact you.

Payment Information (Payment or purchase order must be included at the time of registration.)

Check (payable to WPHA) # _____ for \$ _____ Purchase Order # _____ for \$ _____

Credit Card Authorization for: VISA MASTERCARD \$ _____

Credit Card Number _____

Expiration Date: ____/____(MM/YY) CW2 #: _____ (This is the three digit number located on the back of the card, required for verification and processing.)

Print name as it appears on the card: _____

Authorized signature: _____

Return this form with payment by June 30, 2008 to:
Wisconsin Public Health Association • 702 Eisenhower Drive, Suite A • Kimberly, WI 54136
Phone 920-882-3650 • 877-202-4333 • Fax 920-882-3655 • Email wpha@wpha.org • Website www.wpha.org