



# Alaska Maternal Child Health and Immunization Conference

## Hilton Hotel - Anchorage, Alaska

### September 27-29, 2010

# CONFERENCE REGISTRATION

**If paying by PayPal - fill out and email this form first - then come back to pay**

Name:

*(Print or type your first and last name clearly as you would like it to appear on your name badge)*

Organization:

Job title:

School and Department *(for students)*

Degree Type *(for students)*:

Address:

City, State, Zip:

Phone, Fax, Email:

Identify any special needs – dietary or other:

Review the schedule of presentations and speakers on the Agenda, then check which days you plan to attend. There is no registration fee for attending the 3<sup>rd</sup> day only. However you are still required to register by turning in this form.

Day 1

Day 2

Day 3 - Please indicate which session(s) you plan to attend:

Alaska Infant Safe Sleep Summit (8:00am to 12:00pm)

Comfortable Conversations about Contraception *for CHAPs* (1:00pm to 2:30pm)

Tools for Reducing Burnout and Promoting Health Behavior Change (1:00pm to 5:00pm)

Vaccinate Alaska Coalition Annual Meeting (noon-1:00pm)

There is limited space available for **exhibits, displays and posters**. Check here if you are interested in:  full table, or  half table. You need to submit this form by July 1. You will be notified by September 3 if your request can be accommodated.

**If paying by check or credit card** please fill out, print and mail this form to:

**Alaska Native Tribal Health Consortium  
CHS EpiCenter, P. Ruuti  
4000 Ambassador Drive  
Anchorage, AK 99508**

DESCRIPTION	Registration Fees Mailed		TOTAL
	BY SEPT 3	AFTER SEPT 3	
Full Conference	\$200	\$250	
Student	\$100	\$150	
Make check payable to: ANTHC Memo: 2010 MCH Conference		Check #	
Credit Card #			
Exp Date			
Card Holder Name			
Card Holder Signature			

**If paying by PayPal**

**Step 1:**

**click here**

to send this form as a PDF attachment via email

**Step 2:**

**click - here** (you may need to re-open the conference website then click on "Pay with PayPal" link)

**If paying by purchase order**

Fill out the information above, type in the PO Number in this box and **click here**

to send this form via email. An invoice will be sent to the address in the registration form.

PO #: \_\_\_\_\_