PROMOTING HEALTH IN UNDERSERVED POPULATIONS: HEALTH DISPARITIES, FROM LOCAL TO GLOBAL

February 18, 2009

CONFERENCE REGISTRATION – DEADLINE: FEBRUARY 4

_____

Name (Last, First, MI)

_____

Title Degrees/Credentials

_____

School/Business Name

_____

School/Business Address

_____

City State Zip

_____

Business Phone Fax Home Phone

_____

Email

CHECK ALL THAT APPLY:

☐ Researcher ☐ Educator ☐ Graduate Student ☐ Undergraduate Student
☐ Healthcare Provider ☐ Government Agency ☐ Non-profit Agency ☐ Other _____

Interest in:
☐ Poster Presentation *(Abstract Application Deadline: December 15, 2008)*
☐ Nursing CEUs ☐ Volunteering ☐ Mailing Lists ☐ Newsletter ☐ Social Work CEUs

Check one: ☐ Please print my contact information (work mail address) in the conference attendee list.
☐ Please DO NOT print my contact information in the conference attendee list.

Check if desired: ☐ I request a vegetarian lunch.
If you need a special accommodation in order to attend, please contact Phyllis Harmon at 471-9910.

REGISTRATION FEE: $30 *(Includes box lunch)*
Registration fee can be paid by check, UT IDT, money order or agency voucher payable to:
The University of Texas at Austin – Memo line: CHPR Conference 2009

Mail registration form and payment to:
The University of Texas at Austin
School of Nursing CHPR
1700 Red River Street
Austin, Texas 78701-1499

[**PAYMENT AMOUNT: _____**]
[Check #: _____]
[UT IDT Account #: _____]
[Money Order: _____]
[Agency Voucher: _____]

Fees can be refunded until Wednesday, February 11, 2009. As of Thursday, February 12, CHPR will not refund registration fees.