

EASTERN DISTRICT NCPHA ANNUAL EDUCATION MEETING

"Innovation in Public Health"

May 06-08, 2009

SHERATON GRAND, NEW BERN, NC

NAME: _____

(Please print name as preferred on Name Tag)

AGENCY: _____

ADDRESS: _____

POSITION: _____

SECTION AFFILIATION: _____

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FULL CONFERENCE PRE-REGISTRATION, MEMBER \$80.00 _____

(Registration fees include banquet and all other conference-sponsored functions)

FULL CONFERENCE PRE-REGISTRATION, NON-MEMBER \$105.00 _____

(Registration fees include banquet and all other conference-sponsored functions)

FULL CONFERENCE ON-SITE REGISTRATION, MEMBER \$85.00 _____

(Registration fees include banquet and all other conference-sponsored functions)

FULL CONFERENCE ON-SITE REGISTRATION, NON-MEMBER \$110.00 _____

(Registration fees include banquet and all other conference-sponsored functions)

ONE DAY PRE-REGISTRATION, MEMBER \$40.00 _____

ONE DAY PRE-REGISTRATION, NON-MEMBER \$65.00 _____

ONE DAY ON-SITE REGISTRATION, MEMBER \$45.00 _____

ONE DAY ON-SITE REGISTRATION, NON-MEMBER \$70.00 _____

*STUDENT REGISTRATION - ONE-HALF THE ABOVE FEES _____

*LIFE MEMBER REGISTRATION - NO CHARGE

(Includes dues, registration, banquet, and all other conference-sponsored functions)

BANQUET TICKETS (available for one-day registration or guests) \$25.00 _____

TOTAL ENCLOSED: \$ _____

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Registration Forms MUST be mailed no later than April 14, 2009
Applications received without payment will be considered incomplete and returned.
Refunds will not be available until 2 weeks after Annual Meeting.

REGISTRATION FEES:

MAIL TO:

Barbara Ross or Teresa Atkins
Harnett County Health Department
307 Cornelius Harnett Boulevard
Lillington, NC 27546

MEMBERSHIP DUES: \$20.00

MAIL TO:

Djuana Register
Treasurer, EDNCPHA
P O Box 189
Elizabethtown, NC 28337

(Make all checks payable to: EDNCPHA)