

Conference Registration Form

Engage. Challenge. Inspire 2008



Please complete and return the registration form in order to process your conference registration. Information may be submitted by mail, fax or via email.

Mail to **Engage. Challenge. Inspire 2008**, c/o NAHEC, 1533 N. RiverCenter Drive, Milwaukee, WI 53212

Fax to 414-390-2199

Email to nahec@nahec.org

REGISTRANT INFORMATION

First Name: _____

Last Name: _____

Title: _____

Street: _____

City: _____

State/Province: __ Postal Code: _____ - _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____@_____

REGISTRATION TYPE

Please check the registration option you wish to purchase.

	<u>Early</u> Feb 1 –Mar 14	<u>Advance</u> Mar 15 - June 20	<u>On-Site</u> June 21-24		
<input type="checkbox"/> Member*	\$260.00	\$290.00	\$315.00	\$	_____
<input type="checkbox"/> Non-Member	\$365.00	\$410.00	\$445.00	\$	_____
<input type="checkbox"/> Students	\$210.00	\$240.00		\$	_____
<input type="checkbox"/> Speaker	\$210.00	\$240.00		\$	_____

*If registering as a member, please note the organization with which you are affiliated.

- American Association for Health Educators (AAHE)
- National Association of Health Education Centers (NAHEC)
- State Planning Committee for Health Education in Ohio (SPCHEO)
- Midwest AAHPERD
- Ohio AAHPERD

PRE-CONFERENCE WORKSHOPS

- The *New Revised* National Health Education Standards \$ 45.00
- It's Time!* Addressing Youth Mental Health \$ 3,000.00
- BodyWorks Program \$ 320.00
- Body Talk Program \$ 0.00

CERTIFIED HEALTH EDUCATION SPECIALIST (CHES) CREDITS

- Certified Health Education Specialist (CHES) \$ 30.00

SPECIAL EVENT

- Wine and Cheese Welcome Reception \$ FREE

ENGAGE. CHALLENGE. INSPIRE. 2008, a joint conference of the American Association for Health Education (AAHE) and the National Association of Health Education Centers (NAHEC). This year's event is hosted by Discover Health – YMCA of Greater Cincinnati with support by Midwest & Ohio AAHPERDs and SPCHEO.

REGISTRATION TOTAL

Conference Registration	\$	_____
Pre-Conference Workshop	\$	_____
CHES Credits	\$	_____
Special Event Fee	\$	<u>FREE</u>
TOTAL	\$	_____

CANCELLATION/REFUND POLICY

Cancellation/refund policy: \$100 before June 1, 2008; 50% after June 2, 2008. Students must be registered at an accredited institution of higher education to apply for a student rate. Speakers must be invited to speak to register under the speaker rate.

PAYMENT

Please complete the payment information below. Payment must accompany registration form.

Check (make payable to NAHEC)

There will be a \$25 charge for returned checks.

Credit Card

Visa

MC

Card Number: _____

Exp. Date: __ / __

Cardholder Name: _____

Billing Address: _____

City: _____

State/Province: __

Postal Code: _____ - _____

AGREED AND ACCEPTED

By signing this form I confirm that this information is correct to the best of my knowledge. I fully understand my responsibilities if this proposal should be accepted and agree to all terms.

Print Name: _____

Date: __ / __ / ____