

REGISTRANT INFORMATION

* Required Fields; Submit one form per registrant.

* LAST NAME _____ * FIRST NAME _____ * CREDENTIALS _____

* JOB TITLE / POSITION _____ * FIRST NAME FOR BADGE _____

* COMPANY _____

* STREET ADDRESS _____

* CITY _____ * STATE / PROVINCE _____

* ZIP / POSTAL CODE _____ * COUNTRY _____

* TELEPHONE _____

* EMAIL _____

WHAT WILL YOU ATTEND?

REGISTRATION FEES

Receive a \$50 discount when you register for both the Core Conference plus an Intensive Training Seminar — Attend both for \$1240

Core Conference (3 Days) \$795

Intensive Training Seminars (2 Days) \$495

Choose One: Garzon Hunnicutt Kim Putnam Rossy Strecher

1 Day Core plus Intensive Training \$890

Choose One: Garzon Hunnicutt Kim Putnam Rossy Strecher

Indicate which day you will attend: Wednesday Thursday Friday

1 Day of Core Conference \$395

Indicate which day you will attend: Wednesday Thursday Friday

REGISTRATION TOTAL

CANCELLATION POLICY: A full refund will be issued for cancellations received in writing within two (2) weeks of registering. A \$100 processing fee will be retained for all cancellations received after that period. Refund requests will not be accepted after February 1, 2018. Substitutions are welcome at any time.

PAYMENT (Select One) CREDIT CARD PAYMENT BY PHONE: CALL 248.682.0707

Check enclosed payable in US dollars to **Art and Science of Health Promotion Conference** VISA MC AMEX DISCOVER

CREDIT CARD # _____ EXP DATE _____ SECURITY CODE _____

NAME ON CARD (PRINT) _____ AUTHORIZED SIGNATURE _____

BILLING ADDRESS FOR CREDIT CARD _____

SUBMIT REGISTRATION

PRINT AND MAIL: Art and Science of Health Promotion Conference | P.O. Box 1254 | Troy, MI 48099-1254

PRINT AND FAX: 248-630-4399

SAVE AND EMAIL: Conference@HealthPromotionConference.com

Please provide us with a little more information to help us with our programming and planning.

ARE YOU A MEMBER OF ANY OF THE FOLLOWING ORGANIZATIONS:

ACHA ACLM ACPM APA SNEB WELLCOM

PROFESSIONAL DISCIPLINE

Dietitian Nutritionist Exercise Specialist Health Educator Human Resources Management Nurse Physician Psychologist

Sales Consultant Health Coach Other: _____

POSITION

CEO / President / Vice President Consultant Educator Manager Nurse Professor Association Public Health Private Practice

Other: _____

CATEGORY/SETTING

Clinical / Hospital Community / Non-Profit Corporate Government Insurance University / School

Other: _____

HOW DID YOU HEAR ABOUT THE CONFERENCE?

Attended a Previous Conference Brochure Colleague Email Promotion Journal Ad Web Search Engine

Other: _____

SAVE FORM