



Conference Registration Form

Howard University

College of Pharmacy, Nursing and Allied Health Sciences
6th and Bryant Street, NW
Washington, DC 20059
Phone: 202.806.7456
Fax: 202.806.5958
www.cpnahs.howard.edu

"Health Disparities Research: Implications for Meeting Healthy People 2010 Objectives"

General Information:

All conference attendees must register. Registration forms and monies must be received on later than **February 28, 2009**. Please make checks payable to: **Howard University MEC Conference**. Payment must be made in full and mailed with this form to:

CPNAHS, Division of Nursing

MEC Conference, Annex 1
501 Bryant St., NW - Room 102
Washington, DC 20059
Phone: 202.806.5856 Fax: 202.806.5958

Please, type directly on to this form and print

Attendee Information

Name: _____

Name (2): _____

Name (3): _____

Name (4): _____

Organization: _____

Address: _____

City: _____ State:

Zip Code: -

Main Contact: _____

Email: _____

Phone Number: () - _____

MEC Preferences:

- Please do not share my organizational address outside of MEC
- Please only list my name and email in the Directory
- Please do not list me in the MEC Directory

Conference Information:

Conference Date: March 12, 2009

Location: Armor J. Blackburn Center, Washington, DC
on the main campus of Howard University

Time: 8:00 a.m. - 4:00 p.m.

Question?

For question regarding your conference registration, please contact Mr. Shawn Parker at 202.806.5856. Question reference to your abstract or submission of an abstract email to: vclarke-tasker@howard.edu.

Date:

Registration Fees

02/28/09 General Registration: **\$249.00**

Student Registration: **\$125.00** with ID (Only)

Payments must be received by February 28, 2009

_____ @ \$249.00 _____

_____ @ \$125.00 _____
Student with ID (only)

Total Due: _____

- Presenter
- Student Presenter
- Other _____