

Registration Form – Check Payments

CSHC 2012 Conference: Vision & Voice for Healthy Students ♦ Mar 12-13, 2012 ♦ Sacramento CA
 To register online by credit card, please go to www.schoolhealthcenters.org

Person submitting this information	Name: Phone: Email:
Attendee 1	Name: Title: Phone: Email:
Attendee 2	Name: Title: Phone: Email:
Attendee 3	Name: Title: Phone: Email:
Organization Name	
Street Address	
City / State / Zip	

	Early Registration	Late Registration
	By Feb 6, 2012	Feb 7 to Mar 7, 2012 (or until Sold Out)
CSHC members*	\$125	\$160
Non-members	\$160	\$195

**Member organizations may register up to 10 attendees per conference at the discounted rate. Individual members receive one discounted registration per conference.*

Are attendees planning to join us for School Health Day at the Capitol on Tuesday, March 13th?
If yes, please complete Page 3 for EACH attendee. ___Yes ___No

May we share attendee contact information with other conference attendees and conference sponsors/exhibitors? ___Yes ___No

Number of registrations: _____	Registration rate: _____ \$125 / \$160 / \$195	\$ _____
Memberships	\$100 Individual	\$ _____
	\$200 Organization	\$ _____
	TOTAL PAYMENT	\$ _____

Please make checks payable to "CSHC" and mail to:

CSHC Conference, 1203 Preservation Park Way, Suite 302, Oakland CA 94612

Once payment is received, we will register you and you will receive a confirmation email.

PO or invoice? Please contact: Aileen Olson at 510-268-1260 or email aolson@schoolhealthcenters.org

PLEASE COMPLETE REVERSE SIDE AND PAGE 3

For each attendee indicate which **3 workshops** they are most likely to attend. Place multiple checkmarks if more than one of the attendees is likely to attend the workshop. *(Your input is for space planning purposes only; this does not commit anyone to attend a particular workshop.)*

- Behavioral Health Integration in Schools
- Collaborating to Design Your SBHC Facility
- Collaborative Strategies for Sustaining SBHCs
- Confidentiality and Minor Consent Updates
- Health Care Reform: What Lies Ahead
- Health Plans and Public Health: What SBHCs Need to Know
- How SBHCs Can Support Local School Wellness Policies
- In Class, Ready to Learn? Why and How to Improve Student Attendance
- MAA Random Moment Methodology in Los Angeles: What Have We Learned?
- Navigating HIPAA, FERPA, and Information Sharing in School Health Services
- One Size Doesn't Fit All! SBHC Planning and Operational Models
- Oral Health: School-Based Models, Staffing, and Financing
- Reclaiming Research and Making It Our Own: Youth-Led Participatory Research for SBHCs
- Preventing and Addressing Teen Dating Violence at School: SBHCs Taking Action
- School-Based Health Insurance Outreach and Enrollment
- School-Based Immunization Clinics: A Model for Success
- We're Bringing Healthy Back! Social Marketing for Nutrition and Physical Activity
- What Did I Get Myself Into? School Nurses and SBHCs Working Together for Positive Health Outcomes

Registration Form – School Health Day at the Capitol

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Please answer the following questions for EACH attendee of School Health Day at the Capitol. This information will be used for legislative visit planning purposes.

ATTENDEE HOME ADDRESS

	Attendee 1	Attendee 2	Attendee 3
Name			
Street Address			
City / State / Zip			

ATTENDEE WORK ADDRESS

	Attendee 1	Attendee 2	Attendee 3
Name			
Street Address			
City / State / Zip			

ANY OTHER CALIFORNIA COMMUNITY TO WHICH ATTENDEE HAS A STRONG CONNECTION

	Attendee 1	Attendee 2	Attendee 3
Name			
Street Address			
City / State / Zip			
Not Applicable			

TEAM LEADERS

Would attendees like to be a Team Leader to help facilitate a group’s legislative visit(s)? If yes, fill in names below:
