

CSHC Conference Registration Form: Check Payments

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:
Attendee 4	Name: Title: Phone: Email:
Attendee 5	Name: Title: Phone: Email:
Attendee 6	Name: Title: Phone: Email:
Attendee 7	Name: Title: Phone: Email:
Attendee 8	Name: Title: Phone: Email:
Attendee 9	Name: Title: Phone: Email:
Attendee 10	Name: Title: Phone: Email:

Organization Name	
Street Address	
City / State / Zip	

	Early Registration	Late Registration
	By Feb 6, 2012	After Feb 6, 2012
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.

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 with this form to:

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

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

Need to send a PO or request an invoice? Please contact:

Aileen Olson at 510-268-1260 or email aolson@schoolhealthcenters.org