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 <u>aolson@schoolhealthcenters.org</u>

PLEASE COMPLETE REVERSE SIDE AND PAGE 3

Page 2

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

Page 3

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:
