

GEORGIA PUBLIC HEALTH ASSOCIATION, INC.
79th ANNUAL MEETING & CONFERENCE REGISTRATION FORM
 December 3-5, 2008 – Westin Savannah Harbor; Savannah, Georgia

PLEASE PRINT COMPLETE FORM FOR REGISTRATION. Complete one form for each person. Registration is not complete until payment has been received. **PRE-REGISTRATION DEADLINE: NOVEMBER 3, 2008 by 5:00 P.M.**

PARTICIPANT INFORMATION: (*required information)

Name* _____ SS# _____ (for CEU credit only)
 Organization _____ Title _____
 Address* _____ City* _____ State* _____ Zip* _____
 Phone* _____ FAX* _____ Email* _____
 Home Address* _____ City* _____ State* _____ Zip* _____

REGISTRATION: BEFORE 11/3 AFTER 11/3

Active Member () \$285 () \$365
 Non-Member () \$365 () \$395
 Student Member** () \$160 () \$185
 Student Non-member ** () \$185 () \$195
 Retiree () \$140 () \$180
 One Day only* () \$150* () \$175
 Guest/Spouse () \$150 () \$175
 Awards Luncheon Only () \$50 () \$60
 * One Day: (Circle) Wednesday Thursday Friday

PRE-CONFERENCE EVENTS:

Pre-conference events will be posted at www.gapha.org as they are identified. NOTICE: Additional charges may be incurred when participating in a pre-conference event.

Note: Full conference registration covers all meeting materials and events. One Day registration covers events for the day of registration only

** Student Membership is available only for full-time students enrolled in a full-time course of study. Full-time employees taking classes part time are not eligible for Student Membership.

MEMBERSHIP DUES:

Active Member () \$40
 Student Member () \$20
 Retiree () \$20
 Board of Health () \$245
 Organizational Member () \$250
 Contributing Member () \$500
 Honorary () 0

Information for membership:

(Circle all that apply)
 Are you a current member? Yes No
 Is this a renewal? Yes No
 If yes, last year of membership _____
 Member of GPHA since _____
 APHA Member* Yes No

If Signing Up or Renewing membership - Please indicate desired Section Affiliation: Members have one Section Affiliation included in the \$40.00 membership fee. Additional Section Affiliation is available at \$5.00 for each addition. Please mark your Section preferences in order of priority, 1, 2, 3.

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|----------------------------------|----------------------------------|-----------------------------|-------------------------|
| () Administration | () Epidemiology | () Laboratory | () Nutrition |
| () Behavioral Health | () Governance | () Maternal & Child Health | () Office Personnel |
| () EMS & Emergency Preparedness | () Health Education & Promotion | () Medical/Dental | () Primary Health Care |
| () Environmental Health | () Information and Assessment | () Nursing | |

CONFERENCE PAYMENT:

Form of Payment

Personal check: # _____ \$ _____ or

Business check: # _____ \$ _____ or

State Voucher: # _____

Credit Card # _____ Exp. Date: _____

Circle one: MasterCard Visa American Express Discover

Name as appears on Card: _____

Membership \$ _____

Conference Registration: \$ _____

Total \$ _____

SPECIAL NEEDS: ___ Wheel Chair ___ Hearing Impaired ___ Sight Impaired ___ Vegetarian Meals ___ Other _____

Mail to: Georgia Public Health Association, Inc., P. O. Box 80524, Atlanta, Georgia 30366-0524
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