

Hilton Atlanta Downtown March 22-23, 2016

2016 Registration FormPage 1 of 2

NAME AND CREDENTIAL	S AS YOU WANT O	N CONFERENCE B	ADGE:				
AGENCY/ORGANIZATION:			POSITION/TITLE:				
MAILING ADDRESS:			CITY:	STATE:	ZIP:		
TELEPHONE:	FAX:		EMAIL:				
WHICH OF THE FOLLOW	ING BEST DESCRIBE	S THE PRIMARY F	OCUS OF YOUR W	ORK AND/OR STUDY?			
□ Academic □ Administration □ Epidemiology □ Health Ed & Promo □ Nursing □ Nutrition				☐ Maternal Child Health ☐ M	evelopment		
☐Please do not share my cont	act information with ot	her organizations exce	ept to APHA for accred	itation.			
written or electronic copy, who use of such imagery. I hereby this statement before register individual."	erein my or my compan hold harmless and rele ing, I fully understand	y representative's like ase and forever discha the contents, meanin	eness appears. Additic arge GPHA from all cla ig and impact, and I a	nally, I waive the right to any c ims, demands, and causes of a m authorized to obligate the a	pprove the finished product, includin, ompensation arising or related to the ction(s) from the exhibit. I have reachbove named agency/organization o		
Early-bird Registra	ation <i>CLOSES</i> Febru	ary 29 <i>, 2016</i>		Registration AFTER Febru	<u>ıary 29, 2016</u>		
☐ Member Full Conference ☐ Member One Day ☐ Tuesday ☐ Wednesday		\$335 \$225		☐ Member Full Conference ☐ Member One Day ☐ Tuesday ☐ Wedno	\$390 \$255		
☐ Non-member Full Conference ☐ Non-member One Day ☐ Tuesday ☐ Wednesday		\$400 \$295		□ Non-member Full Conference □ Non-member One Day □ Tuesday □ Wedne	\$460 \$320		
☐ Retired Member Full Conference☐ Retired Member One Day☐ Tuesday☐ Wednesday☐		\$165 \$115]	Retired Member Full Confere Retired Member One Day Tuesday Wedne	\$125 esday		
□ Career Dev Me	sday \square Wednesday	\$165 \$115 \$ 65]	□Career Dev Member Full Con □Career Dev Member One Day □Tuesday □Wedne □Awards Luncheon Only	\$125		
	•	,		DIETARY RESTR	·		
DIETARY RESTRICTIONS Vegetarian □ Gluten Free □ Other			☐ Vege	Uegetarian ☐ Gluten Free ☐ Other:			
Luncheons are included in the price of full and one-day registration			Lunch	Luncheons are included in the price of full and one-day registration			
TOTAL FOR EARLY-BIRD REGISTRATION: \$				TOTAL FOR REGISTRATION: \$			
	PRE-	CONFERENCE W	ORKSHOPS – M	ARCH 21, 2016			
9:30am-5pm - F Public Health Informa 9:30am-5pm - F jGPHA Scientific Writ	Pavilion Room 216 - F Patics: Using Informat Pavilion Room 217 - F ing Workshop, Selen	ree & limited to the ion to Impact Publi ree & limited to the a Smith, PhD, MDiv	e first <u>30</u> individuals c Health Practice, K e first <u>30</u> individuals	with confirmed (paid) regist	ration to GPHA Conference		
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Earn registration discounts by joining GPHA now!							
☐ General Membership - this option is for individuals and includes one primary section affiliation (additional section affiliations							
\$5 each), \$60.00. Select <i>only one</i> section from the following list:							
\square Academic	☐ Administration ☐ Behavior Health ☐	Board of Health	☐ Career Development ☐ Environmental Health				
☐ Epidemiology	☐ Health Ed & Promo ☐ Health Info & Info Tech	•	☐ Maternal Child Health ☐ Medical/Dental				
□ Nursing □ Nutrition □ Primary Care □ Safety & Health Preparedness							
□ Retiree Membership - this option is for retired members, does not include section affiliation, \$30.00.							
□ Career Development Membership - this option is for students and early career professionals, \$35.00.							
□ Secondary Section Affiliation - Additional fee per section, \$5.00. Select as many sections as apply from the following list:							
□Academic		Board of Health	□Career Development □Environmental Health				
□ Epidemiology □ Nursing	☐ Health Ed & Promo ☐ Health Info & Info Tech☐ Nutrition ☐ Primary Care ☐ :	•	☐ Maternal Child Health ☐ Medical/Dental				
□ Nursing □ Nutrition □ Primary Care □ Safety & Health Preparedness □ Gift Membership - Gift a year of membership to a colleague new to GPHA (no section affiliation), \$50.00.							
Recipient Name: Recipient Email:							
			TOTAL FOR MEMBERSHIP: \$				
Go to http://gapha.site-ym.com/?page=JoinGPHA for Board of Health or Organizational Membership							
PAYMENT INFORMATION							
PAYMENT INFORMATION □ CHECK (enclosed and payable to Georgia Public Health Association) □ CREDIT CARD (complete below)							
□ CREDIT CARD (complete below)							
□ CHECK (enclosed and payable to Georgia Public Health Association) □ CREDIT CARD (complete below) □ CREDIT CARD (complete below)							
CARDHOLDER NAME:	PHONE #:						
BILLING ADDRESS:	BILLING CIT	BILLING CITY / STATE / ZIP:					
CARD NUMBER:	EXPIRATION	ON DATE:	CVV #:				
			TOTAL PAYMENT: \$				
RETURN COMPLETED REGISTRATION FORM WITH PAYMENT TO: GPHA.2016Conference@gmail.com							
KETUKN COMPLETED REC	GISTRATION FURIN WITH PAYMENT TO		_				
	GPHA, PO Box 1599, Atlanta, GA 30301						
		Fax 706-484	1-2/64				

For hotel reservations, register online at https://resweb.passkey.com/go/GPHA2016 or call Hilton Reservations at (877)667-7210 and ask for the GPHA 2016 Annual Meeting group rate. Cut-off date is February 29, 2016.



Cancellations made on or before March 7, 2016 will receive a full refund.

Cancellations made after March 7, 2016 will receive a refund less a \$50 administrative fee.

No Shows will not receive a refund.

Registration substitutions are allowed at any time with written notice (price may vary based on GPHA member status). Hotel room cancellations are subject to the Hilton Atlanta's policy and are the responsibility of the attendee.



