

Georgia Public Health Association's 88th Annual Meeting & Conference Atlanta Marriott Marquis Hotel 265 Peachtree Center Avenue, NE Atlanta, GA 30303

2017 REGISTRATION

NAME: _						
NAME F	OR BADGE:					
	Y/COMPANY:					
POSITIO	N/TITLE:					
MAILING	G ADDRESS:					
CITY:				_ STATE:	ZIP:	
COUNT	Y:					
TELEPHO	ONE:		EM	AIL:		
PRIMA	RY AFFILIATION (CI	neck o	nly one)			
	Academic		Career Development		Health Education & Promotion	Medical / Dental
	Administration		EMS/Emergency Preparedness		Health Information / Info Technology	Nursing
	Behavioral Health		Environmental Health		Laboratory	Nutrition
	Board of Health		Epidemiology		Maternal Child Health	Primary Care

☐ Member Full Conference \$335 ☐ Member One Day - Tuesday \$225 ☐ Member One Day - Wednesday \$225 ☐ Non-member Full Conference \$400 □ Non-member One Day - Tuesday \$295 □ Non-member One Day - Wednesday \$295 ☐ Retired Member Full Conference \$165 ☐ Retired Member One Day - Tuesday \$115 ☐ Retired Member One Day - Wednesday \$115 ☐ Career Development Member Full Conference \$165 ☐ Career Development Member One Day - Tues \$115 ☐ Career Development Member One Day - Wed \$115 REGISTRATION AFTER February 1, 2017 ☐ Member Full Conference \$390 ☐ Member One Day - Tuesday \$255 ☐ Member One Day - Wednesday \$255 ☐ Non-member Full Conference \$460 □ Non-member One Day - Tuesday \$320 □ Non-member One Day - Wednesday \$320 ☐ Retired Member Full Conference \$195 ☐ Retired Member One Day - Tuesday \$130 ☐ Retired Member One Day - Wednesday \$130 ☐ Career Development Member Full Conference \$195 ☐ Career Development Member One Day - Tues \$130 ☐ Career Development Member One Day - Wed \$130 **LUNCHEON ONLY** (Luncheons are included in the price of all registrations.) ☐ Sellers-McCroan Luncheon Only – Tuesday \$65 ☐ GPHA Awards Luncheon Only - Wednesday \$65 **SPECIAL DIETARY NEEDS** ☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Other (specify): ___

EARLY-BIRD REGISTRATION BEFORE Feb 1, 2017

Earn registration discounts, Join GPHA!

GENERAL MEMBERSHIP \$60	
PRIMARY SECTION	SECONDARY SECTION(S) \$5 EA
	(check as many as apply):
(check only one):	(check as many as apply).
 □ Academic □ Administration □ Behavioral Health □ Boards of Health □ Career Development □ EMS/Emergency Preparedness □ Environmental Health □ Epidemiology □ Health Education & Promotion □ Health Information/Info Technology □ Laboratory □ Maternal Child Health □ Medical/Dental □ Nursing □ Nutrition □ Primary Care 	 □ Academic □ Administration □ Behavioral Health □ Boards of Health □ Career Development □ EMS/Emergency Preparedness □ Environmental Health □ Epidemiology □ Health Education & Promotion □ Health Information/Info Technology □ Laboratory □ Maternal Child Health □ Medical/Dental □ Nursing □ Nutrition □ Primary Care
RETIREE MEMBERSHIP \$30	CAREER DEVELOPMENT MEMBERSHIP \$35
RETIREE MEMBERSHIP \$30 Section(s) \$5 each:	CAREER DEVELOPMENT MEMBERSHIP \$35 PRIMARY SECTION:
Section(s) \$5 each:	

Payment Method

GPHA Tax I. D. #581556077

Fax: (706) 484-2764

By registering, I hereby understand my, or my company representative's contact information will be shared with other organizations for the purpose of continuing education accreditation. Further, I irrevocably authorize GPHA to exhibit any photos or other imagery for public purposes waiving the right to inspect or approve the finished product, including written or electronic copy, wherein my, or my company representative's likeness appears. Additionally, I waive the right to any compensation arising or related to the use of said imagery. I hereby hold harmless and release and forever discharge GPHA from all claims, demands, and causes of action(s) from the exhibit. I have read this statement before registering, I fully understand the contents, meaning and impact, and I am authorized to obligate the above named company or individual.

☐ CHECK NUMBER	
CREDIT CARD (complete below) VISA MasterCard ANTERIESS	Conference Registration \$ Membership Dues TOTAL PAYMENT:
Card Number:	
Expiration Date:	
Billing Address:	
City / State / Zip:	
Phone:	
	pelow, I am providing my electronic signature

Cancellation/Refund Policy

Cancellations made on or before March 1, 2017 will receive a full refund.

RETURN COMPLETED REGISTRATION FORM WITH PAYMENT TO:

Cancellations made after March 1, 2017 will receive a refund less a \$50 administrative fee.

No shows will **not** receive a refund.

GPHA.2017Conference@gmail.com

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 Atlanta Marriott Marquis's policy and are the responsibility of the attendee.

GPHA, PO Box 1599, Atlanta, GA 30301

For hotel reservations, register online at: https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventlD=15842798
Or call Marriott Reservations toll free I-866-469-5475 or local 404-521-0000 and ask for the GPHA 2017 Annual Meeting group rate. Cut-off date is March 27, 2017.