

**Getting Good ZZZs: Vital Links between Sleep & Wellness**

REGISTRATION (Please print)

Name \_\_\_\_\_

Title/Degrees \_\_\_\_\_  
(If student, year of study)

Organization/Firm \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I wish to apply for the following continuing education credits

If you have a disability and will need special assistance or special dietary need, please tell us:

**PAYMENT:**

- My registration fee of \$75 (\$65 before March 10, 2012) \$ \_\_\_\_\_
- My student registration fee of \$45 \$ \_\_\_\_\_
- a tax-deductible contribution to Women's Health Virginia to support its outreach, education, and research \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

- I am enclosing a check payable to WOMEN'S HEALTH VIRGINIA
- I authorize WHV to charge my credit card as follows (plus processing fee of \$2.50 per registration for credit card):

Type of card (circle): Visa Mastercard Diners American Express Discover

Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name if different from the registrant \_\_\_\_\_

Address if different from the registrant \_\_\_\_\_

Telephone if different from the registrant \_\_\_\_\_

Please return your registration to:

**WOMEN'S HEALTH VIRGINIA, 1924 Arlington Boulevard, Suite 203, Charlottesville, VA 22903**  
If you are using a credit card, you can register online at [www.womenshealthvirginia.org](http://www.womenshealthvirginia.org) or call 434-220-4500 to register by phone.