

# REGISTRATION

Name \_\_\_\_\_

Degree \_\_\_\_\_ (if student, year of study)

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

Job Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (indicate if home or work)

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

Phone \_\_\_\_\_ (indicate if home/work/cell)

Fax \_\_\_\_\_

I wish to apply for the following continuing education credits

\_\_\_\_\_

I have the following needs for special assistance or dietary limitation

\_\_\_\_\_

A financial statement is available upon written request from the Virginia Office of Consumer Affairs, P.O. Box 1163, Richmond, VA 23209

## PAYMENT

My registration fee of \$85 (\$45 for students) \$ \_\_\_\_\_

A tax-deductible contribution to Women's Health Virginia to support its education & research programs \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

I am enclosing a check payable to Women's Health Virginia

I authorize WHV to charge my registration plus processing fee of \$2.50 per registration as follows:

Type of card (circle):

Visa      Mastercard      American Express      Discover

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

Provide the following if different registrant

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

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

Please send 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 by phone at 434-220-4500