

**REGISTRATION** *(Please print)*

Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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 (\$75, \$40 for students) \$ \_\_\_\_\_

A tax-deductible contribution to Women's \$ \_\_\_\_\_

Health Virginia to support its education,  
information and research programs

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

I am enclosing a check payable to WOMEN'S HEALTH VIRGINIA

I authorize WHV to charge my credit card as follows:

Type of card    Visa    Mastercharge    Diners    American Express    Discover

Number  Exp.  / 

Signature \_\_\_\_\_

Name/address if different from registrant \_\_\_\_\_

Please return your registration to: WOMEN'S HEALTH VIRGINIA,  
1924 Arlington Boulevard, Suite 203, Charlottesville, VA 22903

If you are paying by credit card, you can register by phone  
(call 434-220-4500) or online at [www.womenshealthvirginia.org](http://www.womenshealthvirginia.org)

Processing fee \$2.50 per registration for credit card transactions.

**Women's Health Virginia is unique as a non-governmental statewide women's health initiative.**

**It relies primarily on private financial support and a team of dedicated volunteers and community partners.**

**Whether you attend the conference or not, we hope you will support our efforts with a your tax-deductible contribution and work with us to improve the health and well being of women and girls in Virginia.**

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