26th Annual

ART & SCIENCE of Health Promotion Conference

www.HealthPromotionConference.com

REGISTRATION FORM

REGISTRANT INFORMATION

* LAST NAME | * FIRST NAME | * CREDENTIALS

* JOB TITLE / POSITION | * FIRST NAME FOR BADGE

* COMPANY

* STREET ADDRESS

* CITY | * STATE / PROVINCE

* ZIP / POSTAL CODE | * COUNTRY

* TELEPHONE | FAX

* EMAIL

* Required Fields; Submit one form per registrant.

☐ Check here if you do not want to receive updates from the American Journal of Health Promotion.

WHAT WILL YOU ATTEND?

REGISTRATION FEES

☐ ***Core Conference (3 Days)*** **$735**

☐ ***Intensive Training Seminars (2 Days)*** **$475**

Choose One: ☐ Butterworth ☐ Goetzel ☐ Johnson / May ☐ Kim / Lara ☐ McConaha / Klootwyk ☐ Ward

☐ ***WELCOA National Training Summit (2 Days)*** **$475**

☐ ***1 Day of Core Conference*** **$375**

Indicate which day you will attend: ☐ Wednesday ☐ Thursday ☐ Friday

Receive a $50 discount when you register for both the Core Conference plus an Intensive Training Seminar or WELCOA Summit — Attend both for $1160

REGISTRATION TOTAL ☐

CANCELLATION POLICY: *A full refund will be issued for cancellations received in writing within two (2) weeks of registering. A $100 processing fee will be retained for all cancellations received after that period. Refund requests will not be accepted after March 1, 2016. Substitutions are welcome at any time.*

PAYMENT (Select One)

☐ Check enclosed payable in US dollars to ***Art and Science of Health Promotion Conference*** ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CREDIT CARD # | EXP DATE | SECURITY CODE

NAME ON CARD (PRINT) | AUTHORIZED SIGNATURE

BILLING ADDRESS FOR CREDIT CARD

SUBMIT REGISTRATION

PRINT AND MAIL: Art and Science of Health Promotion Conference | P.O. Box 1254 | Troy, MI 48099-1254

PRINT AND FAX: 248-630-4399

SAVE AND EMAIL: **Conference@HealthPromotionConference.com**

Please provide us with a little more information to help us with our programming and planning.

ARE YOU INTERESTED IN CONTINUING EDUCATION CREDITS? IF so, please indicate which of the following organizations,

☐ AAOHN ☐ ACSM ☐ NCHEC ☐ CDR ☐ AAFP

ARE YOU A MEMBER OF ANY OF THE FOLLOWING ORGANIZATIONS:

☐ ACHA ☐ ACLM ☐ ACPM ☐ ACSM ☐ American Hospital Assn ☐ APA ☐ ASA ☐ ASHA ☐ CCAA ☐ NAHU ☐ NONPF ☐ SNEB ☐ WELCOA

PROFESSIONAL DISCIPLINE

☐ Dietitian ☐ Nutritionist ☐ Exercise Specialist ☐ Health Educator ☐ Human Resources ☐ Management ☐ Nurse ☐ Physician ☐ Psychologist ☐ Sales ☐ Other: _____

POSITION

☐ CEO / President / Vice President ☐ Consultant ☐ Educator ☐ Manager ☐ Nurse ☐ Professor ☐ Other: _____

CATEGORY/SETTING

☐ Clinical / Hospital ☐ Community / Non-Profit ☐ Corporate ☐ Government ☐ Insurance ☐ University / School ☐ Other: _____

HOW DID YOU HEAR ABOUT THE CONFERENCE?

☐ Attended a Previous Conference ☐ Brochure ☐ Colleague ☐ Email Promotion ☐ Journal Ad ☐ Web Search Engine ☐ Other: _____

SAVE FORM