



REGISTRATION FORM
12th ANNUAL MIDWEST FARMWORKER STREAM FORUM
 November 20-23, 2002 – Le Meridien, New Orleans, LA., www.meridienneworleans.com

LAST NAME FIRST LICENSES, CERTIFICATIONS, OR REGISTRATIONS

TITLE ORGANIZATION

ADDRESS CITY STATE ZIP

PHONE FAX EMAIL

LIST SPECIAL NEEDS (ACCESS, DIETARY, ETC.) HOW DID YOU HEAR ABOUT THE CONFERENCE?

TELL US MORE ABOUT YOURSELF!

<p>To better meet your needs, please tell us what days you plan to attend the conference. What special events will you attend?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Wednesday <input type="checkbox"/> Opening Plenary (Thurs.)</p> <p><input type="checkbox"/> Thursday <input type="checkbox"/> General Session (Fri.)</p> <p><input type="checkbox"/> Friday <input type="checkbox"/> Evening Reception (Fri.)</p> <p><input type="checkbox"/> Saturday <input type="checkbox"/> Closing Luncheon (Sat.)</p> <p>Registration Fees will include: all educational sessions, continental breakfasts at Exhibits, snacks during breaks, Evening Reception, Opening Plenary, General Session, and Closing Luncheon.</p>	<p>Inclusive of the 2002 Midwest Forum, how many Migrant Stream Forums have you attended? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+</p> <p>How many years have you been involved in Farmworker Health? <input type="checkbox"/> < 1yr. <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 4-6 yrs. <input type="checkbox"/> 7-10 yrs. <input type="checkbox"/> >10 years</p> <p>Select the category that best describes your primary occupation:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Allied Health Provider</td> <td><input type="checkbox"/> Medical Director</td> </tr> <tr> <td><input type="checkbox"/> Board Member</td> <td><input type="checkbox"/> Migrant Education Representative</td> </tr> <tr> <td><input type="checkbox"/> Clinical Director/Mgr.</td> <td><input type="checkbox"/> Nurse</td> </tr> <tr> <td><input type="checkbox"/> Consultant</td> <td><input type="checkbox"/> Nurse Practitioner</td> </tr> <tr> <td><input type="checkbox"/> Dental Director</td> <td><input type="checkbox"/> Physician</td> </tr> <tr> <td><input type="checkbox"/> Dentist</td> <td><input type="checkbox"/> Physician Assistant</td> </tr> <tr> <td><input type="checkbox"/> Executive Director</td> <td><input type="checkbox"/> Researcher</td> </tr> <tr> <td><input type="checkbox"/> Farmworker</td> <td><input type="checkbox"/> Student</td> </tr> <tr> <td><input type="checkbox"/> Health Educator</td> <td><input type="checkbox"/> Social Worker</td> </tr> <tr> <td><input type="checkbox"/> Lay Health Worker</td> <td><input type="checkbox"/> State/Federal Employee</td> </tr> <tr> <td><input type="checkbox"/> M/CHC Board Member</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Allied Health Provider	<input type="checkbox"/> Medical Director	<input type="checkbox"/> Board Member	<input type="checkbox"/> Migrant Education Representative	<input type="checkbox"/> Clinical Director/Mgr.	<input type="checkbox"/> Nurse	<input type="checkbox"/> Consultant	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Dental Director	<input type="checkbox"/> Physician	<input type="checkbox"/> Dentist	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Researcher	<input type="checkbox"/> Farmworker	<input type="checkbox"/> Student	<input type="checkbox"/> Health Educator	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Lay Health Worker	<input type="checkbox"/> State/Federal Employee	<input type="checkbox"/> M/CHC Board Member	<input type="checkbox"/> Other _____
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REGISTRATION INFORMATION ---

ARE YOU PRESENTING? ARE YOU AN EXHIBITOR?

REGISTRATION FEE (BEFORE OCT.18).....\$125 \$ _____

AFTER OCT. 18, ADD ADDITIONAL CHARGE.....\$25 \$ _____

EVENING RECEPTION GUEST TICKET.....\$20 \$ _____

TOTAL \$ _____

REGISTERED PARTICIPANTS MUST CONTACT HOTEL DIRECTLY FOR ROOM RESERVATIONS. \$89 SINGLE/DOUBLE RATE FOR REGISTERED PARTICIPANTS AND EXHIBITORS ONLY. VISIT NCFH.ORG FOR A FAXABLE RESERVATION FORM OR CALL LE MERIDIEN RESERVATIONS, 1-800-543-4300. IDENTIFY GROUP AS "MIDWEST FARMWORKER STREAM FORUM" WHEN PLACING TELEPHONE RESERVATIONS. CALL TODAY, ROOMS ARE LIMITED.

Mail Registration and Payment to:
 National Center for Farmworker Health, Inc.,
 1770 FM 967, Buda, TX. 78610
 512-312-2700 or 1-800-531-5120
 Credit Card registrations can be faxed to 512-312-2600

Check enclosed, Check # _____

VISA MasterCard AMEX

Credit Card Number

Expiration Date

Print Name of Person on Card

Print Name of Company on Card (if applicable)

Cardholder Signature

Refund Policy: All refunds will incur a \$35 service fee. Refunds will not be given after October 18th; however, participant substitutions are welcome.