

REGISTRATION FORM - 15th Annual Midwest Stream Farmworker Health Forum, November 9-12, 2005

ATTENDEE INFORMATION

Name _____
 Title _____
 Organization _____
 E-Mail Address _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Select the category that best describes your primary occupation.

- | | |
|---|---|
| <input type="checkbox"/> Allied Health Provider | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Migrant Education Rep. |
| <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"/> Social Worker |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> State/Federal Employee |
| <input type="checkbox"/> Lay Health Worker | <input type="checkbox"/> Student |
| <input type="checkbox"/> M/CHC Board Member | <input type="checkbox"/> Other _____ |

Please complete the following information:

- Inclusive of this year's conference, how many Migrant Stream Forums have you attended?
 First one Second time 3+
- How many years have you been involved in Farmworker Health?
 <1 1-3yrs 4-6yrs 7-10yrs >10yrs
- How did you hear about this conference? web e-mail
 Newsline Newsletter colleague regular mail
 other: *please explain* _____
- Do you have any special needs? (*Ex. vegetarian meals*)

- Interpretation Services: ¿Necesita interpretación en Español para las presentaciones en Ingles? Sí No

PAYMENT

Early Bird Fee: Register by October 16th\$165
Standard Fee: Register after October 16th\$250
Colonia Tour:.....\$25
Mexico Tour:.....\$40
Mexico Tour Guest Ticket:.....\$40
Additional Guest Friday Dinner Ticket.....\$30
 I would like to donate to the Call for Health Program.....\$ _____
 (*An information and referral toll-free phone line for farmworkers*)
TOTAL \$ _____

- I plan to attend the pre-conference training for promotoras**
Pienso atender el entrenamiento de Pre-conferencia para las promotoras
- Qualify as the 3rd registrant, (FREE Registration with two paid registrations from the same organization. All must be submitted at one time.)**
Limited number of registrations available

Cancellation: If you cannot attend, you may send a substitute. Full refunds will only be provided if cancellation is prior to October 1st. No refunds provided after October 1st.

Method of Payment: (NCFH, FED ID #74-1826899)

- Check made out to NCFH, Inc. is enclosed. Check no. _____
- A purchase order is attached (*government, educational and health care organizations only*)
- Charge to: Master Card Visa American Express

Card No. _____ Exp. Date _____
 Print Name of Person on Card _____
 Signature _____
 Billing Address _____

RESERVATION INFORMATION

HOTEL

**Radisson Resort
 South Padre Island, Texas**

**Rate: \$80 Single/Double Cabanas
 \$140 Condos (Accommodates up to four)**

For Reservations, please call

956-761-6511

Refer to group "Farmworker Health Forum"

Hotel accommodations must be placed directly with the hotel. Special conference rates will be offered until October 16 or as space is available, so early reservations are recommended.

For more information, please contact us at partida@ncfh.org or ragonzales@ncfh.org

or call (512) 312-2700.