

# 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 need 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 \$85 (\$45 for students) \$ \_\_\_\_\_

A tax-deductible contribution to Women's Health Virginia  
to support its education and 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      Diners      American Express      Discover

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

Provide the following if different from registrant:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

### PLEASE RETURN 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.