

**Women's Health Virginia Annual Conference on Women's Health**  
**Friday June 8, 2018**

***SHE'S GOT GUTS!***

**REGISTRATION** (Please print)

Name \_\_\_\_\_

Title/Degrees \_\_\_\_\_

(If student, year of study)

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

Address (circle if home or work) \_\_\_\_\_

\_\_\_\_\_

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 of \$85 (\$75 before April 1) \$ \_\_\_\_\_

My student registration fee of \$45 \$ \_\_\_\_\_

a tax-deductible contribution to Women's Health Virginia  
to support its outreach, education, and research \$ \_\_\_\_\_

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

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

I authorize WHV to charge my credit card as follows (plus processing fee of \$2.50 per registration for credit card):

Type of card (circle): Visa Mastercard Diners American Express Discover

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

Name if different from the registrant \_\_\_\_\_

Address if different from the registrant \_\_\_\_\_

\_\_\_\_\_

Telephone & email if different from the registrant \_\_\_\_\_

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  
call 434-220-4500 to register by phone.

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