2015 Dakota Conference on Rural and Public Health

Onsite Registration Form

Bring payment and registration form with you to the conference, do not mail in because we will not receive it prior to us leaving for Minot.

Contact Information

Please type or clearly print information as you would like it to appear on all printed materials.

Name ____________________________
Position/Title ________________________
Organization _______________________
Work Mailing Address ____________________________
City/State/Zip ____________________________
Phone ________________________________
E-mail ________________________________

Please select meals you will be attending:

<table>
<thead>
<tr>
<th>Tuesday, 6/2</th>
<th>Wednesday, 6/3</th>
<th>Thursday, 6/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch</td>
<td>Breakfast</td>
<td>Breakfast</td>
</tr>
<tr>
<td>PM Break</td>
<td>AM Break</td>
<td>AM Break</td>
</tr>
<tr>
<td>Reception</td>
<td>Lunch</td>
<td>PM Break</td>
</tr>
</tbody>
</table>

Fees

Registration (payment received after May 5, 2015)

- □ Full Conference Registration = $275
- □ Presenter Registration = $250
- □ One Day Only = $200 Specify which day: □ Tues. □ Wed.
- □ Thursday Only = $150
- □ Student Registration = $75 (To qualify as a student, you must be registered as a full-time student)
- □ Banquet (with registration) = $25
- □ Banquet (without registration) = $30 # of tickets ______

Pre-Conferences/Evening Events

- □ Critical Access Hospital (CAH) Workshop (June 2, 2015; 8:00 am–11:30 am) = $15.00
- □ North Dakota Public Health Association Meeting (June 2, 2015; 8:00 am–11:30 am) = no charge
- □ North Dakota Rural Health Association Meeting (June 3, 2015; 7:00–8:00 am) = no charge

As part of participating in the Dakota Conference on Rural and Public Health, your contact information will be shared with other participants and the Dakota Conference paid sponsors and exhibitors. Your information may also be used to contact you for special events occurring during the conference. Your contact information will not be sold.

Please contact Kylie at kylie.nissen@med.und.edu if you have questions.

- □ I wish to opt out of having my contact information included.

Payment Method

Bring payment with to conference - do not mail in after Tuesday, May 26.

- □ Please send me an invoice (invoices will be emailed) to pay by check.
- □ Cash Payment
- □ Check # ______ enclosed for $ ______

Please make checks payable to UND.