

REGISTRATION FORM—GLOBAL CONFERENCES ON HEALTH AND LIFESTYLE

Submit no later than June 1, 2009. These forms are also available on the website www.HealthLifestyleConf.com

PRIMARY REGISTRANT

Surname	Given	Title
Address	City	State
Postal Code	Country	
Phones Home	Office	Mobile
Email	Passport #	Expiration Date
City of Issuance	Country of Issuance	

SPOUSE

Surname	Given	Title
Email	Passport #	Expiration Date
City of Issuance	Country of Issuance	

CALCULATE FEES DUE

Check the appropriate box and calculate charges for the payment due with your registration form.

REGISTRATION FEES

FEE FOR EACH PERSON	GENEVA	COLLONGES	COMBINED
Early Registration before May 1, 2009	<input type="checkbox"/> \$200US	<input type="checkbox"/> \$120US	<input type="checkbox"/> \$250US
Regular Registration	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	<input type="checkbox"/> \$350
On-site Registration	<input type="checkbox"/> \$350	<input type="checkbox"/> \$200	<input type="checkbox"/> \$425
Spouse Registration	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> Free

RECEPTION DINNER FEE *Limited Availability*

- Primary Registrant** Reception Dinner \$ 50
- Spouse** Reception Dinner \$ 50

SHUTTLE BUS

- Primary Registrant** Arrival Transport to Collonges \$ 30
- Spouse** Arrival Transport to Collonges \$ 30
- Primary Registrant** Departure Transport from Collonges \$ 30
- Spouse** Departure Transport from Collonges \$ 30

COLLONGES BUDGET BED & MEALS PACKAGE *Only 100 Available*

- Primary Registrant** – 7 nights, 7 breakfasts, 7 dinners, 3 lunches \$370
- Spouse** – 7 nights, 7 breakfasts, 7 dinners, 3 lunches \$370

FILL IN TOTAL PAID WITH REGISTRATION FORM \$ _____ US \$ _____ US \$ _____ US

TOTAL CHARGE TO CREDIT CARD \$ _____ US

MONEY ORDER OR CASHIER'S CHECK PAYMENT \$ _____ US

CREDIT CARD PAYMENT INFORMATION

Charge my (select one): Visa, MasterCard, American Express, Discover Credit Card

Name on Credit Card _____ # _____
Telephone given to Credit Card Company

Billing Address _____

State _____ Country _____ Postal Code _____

Credit Card Number _____ Security Code _____ Expiration Date - Month Year _____ / _____

INTERACTIVE SEMINARS

Submit no later than June 1, 2009. These forms are also available on the website www.HealthLifestyleConf.com

Please check the Seminars of your choice for both Geneva and Collonges. For Continuing Education credits check the same workshop at both locations.

Spouses, check here to decline free workshop entry or check your workshop below.

Visit website www.HealthLifestyleConf.com for detailed descriptions.

SEMINAR SELECTION –

By **May 1** we will send registrants more detailed information on Seminar topics and speakers so they can make their final Selection. All Seminars are open to all registrants but **only 3, 9, 10, 11, 12, 13 will be assured Continuing Education credits from Loma Linda University.**

By **June 1** we need Seminar topic selections from all registrants so as to find appropriately sized rooms. Send your selection by email or mail to the address at the bottom of this page.

REGISTER FOR WORKSHOP AT EACH LOCATION	PRIMARY REGISTRANT		SPOUSE	
	GENEVA	COLLONGES	GENEVA	COLLONGES
1. Alcohol, Tobacco, and Other Drugs	_____	_____	_____	_____
2. Child Health Issues	_____	_____	_____	_____
3. Dental Health Practitioners	_____	_____	_____	_____
4. HIV/TB/Malaria	_____	_____	_____	_____
5. Healthy Families	_____	_____	_____	_____
6. Leadership, Administration, and Governance	_____	_____	_____	_____
7. Lifestyle Determinants of Health and Disease	_____	_____	_____	_____
8. Non-Governmental Organizations	_____	_____	_____	_____
9. Nursing Professionals	_____	_____	_____	_____
10. Nutrition Factors in Chronic and Infectious Diseases	_____	_____	_____	_____
11. Primary Health Care Providers	_____	_____	_____	_____
12. Public Health Professionals	_____	_____	_____	_____
13. Allied Health Professionals	_____	_____	_____	_____
14. Social, Religious, Mental, & Behavioral Change Factors	_____	_____	_____	_____
15. Spirituality and Health	_____	_____	_____	_____
16. Women Health Initiatives and Gender issues	_____	_____	_____	_____

Check if you plan to attend the WHO Reception meal and meeting. (\$50.00 each person)

Email the registration form(s), credit card information, and Seminar selection to:

Sanchezl@gc.Adventist.org

OR MAIL registration form, credit card information, cashier's check or money order, and workshop information to:

Laura Sanchez
 Department of Health
 12501 Old Columbia Pike
 Silver Spring, MD 20904 USA

HOTEL AND TRANSPORTATION INFORMATION

Submit no later than June 1, 2009. These forms are also available on the website www.HealthLifestyleConf.com

PERSONAL INFORMATION

Name (Primary Registrant)

Email

Name (Spouse)

Home Address

City

State

Postal Code

Country

Phones Home

Office

Mobile

HOTEL INFORMATION

Name of Hotel

Hotel Address

City (check one) Geneva Collonges Archamps

GENEVA ARRIVAL AND DEPARTURE INFORMATION

Arriving in Geneva: Month

Day

Date

Time

I need shuttle service to Collonges upon arrival in Geneva. (\$30.00 each person) Paid in Advance

Departure from Geneva:

Month

Day

Date

Time

I need shuttle service from Collonges Archamps to Airport (\$30.00 each person) Paid in Advance.

Participants staying in Geneva have free access to train and bus service to Hotels with a Pass.

TWO WAYS TO SUBMIT THIS FORM BEFORE JUNE 1, 2009

Email this completed Hotel and Transportation Form (from the website) to:

Sanchezl@gc.Adventist.org

or fold, tape and mail this form to the address on the reverse side.

These forms are also available on the website www.HealthLifestyleConf.com

Fold Here

Fold Here

Fold Here

Fold Here

PLACE
POSTAGE
HERE

**Laura Sanchez
Health Department
12501 Old Columbia Pike
Silver Spring, Maryland, USA
20904**

Tape Here