

Preparing for the Challenge: Life During Residency

Marriott's Hunt Valley Inn ✦ June 10-11, 2005

REGISTRATION FORM

Registration forms can be faxed to (301) 577-3352

For regular mail send to:

Lisa Gail

B L Seamon Corporation

4221 Forbes Boulevard, Suite 245

Lanham, MD 20706

CONTACT INFORMATION

Please identify yourself as a(n) _____ NHSC Scholar _____ Speaker _____ Federal Attendee

PROFESSIONAL TITLE: _____ NAME: _____

RESIDENCY SPECIALTY: _____

ORGANIZATION/AFFILIATION: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ E-MAIL: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

TRAVEL ARRANGEMENTS

The National Health Service Corps will cover the cost of your travel to the conference. Contact Travel-On at 1 (888) 495-7770. Please reference **project code 2249** when confirming your registration.

ACCOMMODATIONS

Please provide the following information. Confirmation numbers will be sent prior to the meeting.

Date of Arrival: _____ Date of Departure: _____ Total # Nights: _____

Room Type (please check all that apply):

Number of guests in room: _____ __Single __Double __Smoking __Non-Smoking __Handicap Accessible
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A credit card is needed to guarantee a hotel reservation. If credit card information is not provided, a hotel room cannot be guaranteed.

Credit Cardholder Name: _____ Credit Card#: _____

Type of Card: Visa MasterCard AMEX Other: _____ Expiration Date: _____

Cardholder Signature: _____

SPECIAL NEEDS

Food allergies/dietary restrictions: _____



Please list any other special needs: _____

Registration forms must be received no later than Tuesday, May 10, 2005.