

National Conference on Health Communication, Marketing and Media

August 29-30, 2007 ✦ Thomas R. Harkin Global Communications Center, Atlanta, GA

REGISTRATION FORM

REGISTRATION CATEGORY

Please select your registration category:

General Participant Planning Committee Speaker Moderator
 Poster Presenter CDC Staff Other

ORGANIZATION TYPE

Academic Nonprofit Government Media Corporate/For Profit

CONTACT INFORMATION

NAME: _____

ORGANIZATION/AFFILIATION: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

HOTEL ACCOMMODATIONS

A block of sleeping rooms has been reserved at the Atlanta Marriott Century Center. The room rate is \$122.08 per night (\$109.00 room rate + 12% sales tax). As a courtesy to our guests, the room rate will be available 3 days prior and 3 days after the meeting date. To confirm a sleeping room, please contact Marriott Reservations at (800) 228-9290 and reference the HCMM Conference. Be sure to obtain a confirmation number for your records.

Hotel arrangements should be confirmed by Friday, August 3. After this date, sleeping room availability can not be guaranteed.

REGISTRATION PAYMENT

A registration fee of \$350.00 is required for registration. Payment must be received at the time of registration and is accepted in the form of credit card, check, or money order. For credit card payments, complete the information below. **Checks or money orders should be made payable to NPHIC** and must include the name of the registrant in the memo section along with the reference – HCMM Conference. Please mail completed registration forms with payment to: Karmen Lewis, B L Seamon Corporation, 4221 Forbes Boulevard, Suite 245, Lanham, MD 20706.

Credit Cardholder Name: _____ Credit Card #: _____

Type of Card: Visa MasterCard AMEX Other: _____ Exp. Date: _____

Cardholder Signature: _____

PERMISSION TO USE PHOTOGRAPH

I give permission to the CDC to use, at its option and without compensation or time limitation, my picture for the promotion of future conferences, including its use in conference promotional brochures and on its web site <http://www.cdc.gov/healthmarketing/conference2007.htm>.
_____ Yes _____ No

SPECIAL NEEDS

Please list any special needs you may have including food allergies, sign language interpretation, physical mobility, etc. _____