

NHSC 2008 ANNUAL SCHOLAR ORIENTATION CONFERENCE
“NHSC: The Link to Healthier Communities”
Tampa Marriott Waterside Hotel | Tampa, FL | July 31–August 2, 2008

Registration Form

CONTACT DATA *(please print clearly):*

Name: _____ Degree (M.D., Ph.D., etc.): _____

Discipline (NP, PA, etc.): _____ Specialty: _____

Affiliation/School: _____

Address: _____

City, State, ZIP: _____

Office Phone: (_____) _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Fax: (_____) _____

E-mail: _____ @ _____

Emergency Contact: _____ Phone: _____

CATEGORY OF ATTENDEE *(check all that apply):*

NHSC Scholar* Primary Care Office (PCO) Federal Staff Other _____

LODGING DETAILS:

Arrival Date: _____ Departure Date: _____ Single/Double: _____

METHOD OF PAYMENT

Check Money Order MC VISA AMEX

Credit Card Information:

□□□□ - □□□□ - □□□□ - □□□□

Expiration Date: _____

Cardholder's Name: _____

Please return your completed form no later than July 9 by fax, 301-577-5261.
Attn: Registrar 3110