



**DIVERSITY AND
TECHNOLOGY AT**

**CROSSROADS OF
PUBLIC HEALTH**

**2011 GASOPHE
ANNUAL MEETING
MAY 6, 2011**

SIMPSONWOOD CONFERENCE CENTER
NORCROSS, GEORGIA

REGISTRATION FORM

Name: _____

Title: _____ Professional Student Retired

Organization/Educational Institution: _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

CONFERENCE FEES

Professional: \$120.00

Student: \$60.00

Retired: \$50.00

TOTAL: \$ _____ Enclosed

REGISTRATION DEADLINE IS MAY 1ST

*On-site registration will be allowed. If you plan to pay onsite,
please email this form, indicating you will be paying on-site, to Rhonda Payne: rhonda@gasophe.org*

Pay Online: www.gasophe.org/annual-meeting/ **-and-**
E-MAIL this completed form to rhonda@gasophe.org

-OR-

MAIL this completed form with check payable to **GASOPHE**
GASOPHE,
P.O. Box 2777
Calhoun, GA 30703

GASOPHE
GEORGIA SOCIETY FOR PUBLIC HEALTH EDUCATION