

REGISTRATION FORM: SOPHE Midyear Scientific Meeting
Tuning Up Health Promotion: New Lyrics across the Lifespan
 April 11-14, 2012/Sheraton Music City Hotel at 777 McGavock Pike, Nashville, Tennessee

Pre-Registration deadline: March 9, 2012

Please print:

Information with an {*} will appear on conference badges; all other information will appear in participants' roster.

Name* _____ Degree/Certification _____
 Title/Position _____ Organization/Company* _____
 Address _____
 City* _____ State* _____ Zip Code _____
 Country _____ E-mail _____
 Phone _____ Fax _____

Continuing Education:

Are you CHES/MCHES? CHES MCHES Neither
 Do you plan to seek continuing education credits for attending this conference? Yes No

Conference Registration Fees:

{Includes 2 box lunches; 2 continental breakfasts; breaks; social; materials; CHES fees}

	Pre-Registration <i>Rec'd by 3/9</i>	Onsite <i>After 3/9</i>	
SOPHE National/Chapter Member (must indicate Chapter): _____	\$375/390	\$425/440	_____
Transitional Member <i>(Available to current SOPHE members who hold transitional status)</i>	\$270	\$310	_____
Student or Emeritus Member	\$230	\$265	_____
Non-Member - Professional	\$560	\$610	_____
Non-Member - Student	\$275	\$315	_____

Join National SOPHE and save up to \$185 on registration!

Registration Fee Total \$ _____

Membership Fees:

NEW Member joining SOPHE (professionals joining for the first time)	\$120	_____
Student Member <i>(must be full-time student with 9 hours or more & attach faculty letter attesting to full-time status)</i>	\$75	_____
Emeritus Member	\$105	_____
Transitional/New Professional <i>(Available only to current students who have graduated from an undergrad/grad program in the last 12months)</i>	\$100	_____
Renewing SOPHE Membership	\$165	_____

Membership Fee Total \$ _____

Group Outing to Wildhorse Saloon with Buffet Dinner, Friday April 13th (Optional)

\$ 50 per person x _____ # persons = \$ _____

Total remitted \$ _____

**Skill building Workshops - you must select the ones you want to attend (tickets will be issued):
Indicate your 1st and 2nd choices for each selection (workshop seating limited)**

Thursday, April 12, 10:30 AM – 1 PM (1 Morning Choice)

- W1 - Using Standardized Assessment Tools to Evaluate Function in Older Adults (repeats in afternoon session)
- W2 - Preview for the "Changing Health System to Support Smoking Cessation among Pregnant Women" Training Curriculum
- W3 - Media Advocacy
- W4 - What's Cooking? A Recipe for Creating and Sharing Success Stories
- W5 - Fine Tuning Program Delivery: How to Scale and Sustain Evidence-Based Health Promotion Programs in Times of Fiscal Crisis

1st Choice _____ 2nd Choice _____

Thursday, April 12, 2:15 – 4:45 PM (1 Afternoon Choice)

- W6 - Using Standardized Assessment Tools to Evaluate Function in Older Adults (repeat from morning session)
- W7 - Evaluation on a Shoestring
- W8 - Making a Commitment to Improving the Health of Aging LGBTIQ-2S Adults
- W9 - Coalition Building
- W10 - Health Literacy

1st Choice _____ 2nd Choice _____

Membership Opportunities

Indicate if First-Time Meeting Attendee

Indicate if you would like to participate in the Conference Mentoring program: Mentor Protégé

Accessibility

Check here if you require assistance to participate fully in the meeting and attach written description of requirements.

Dietary Requirements

- Check here if you require vegetarian meals.
- Check here if you require Kosher/Passover meals.
- Check here if you require dairy-free meals.
- Check here if you require gluten-free meals.

Payment

Total remitted (from page 1) \$ _____ Credit card payment & authorization: Visa Mastercard Discover

Credit Card Number: _____ Expiration Date: _____

Cardholder's name (print): _____ Cardholder's signature: _____

Purchaser's name, if different from cardholder: _____

Photo Release Acknowledgement

Photos are used in promotional publications and online to educate the public about the Society for Public Health Education and the work of its members. Photos may be transmitted to news media outlets for distribution. Photos may also be displayed on web sites maintained by SOPHE. Photos may be kept in a stock photo file housed in the SOPHE offices in Washington, DC. We always strive to present individuals in a complimentary, culturally-sensitive and appropriate manner.

By registering for the conference, I understand that I give SOPHE permission to use (display, publish, etc.) any photograph(s) made of me at this conference for all purposes, including advertising and publicity in print and electronic environments.

To opt out of the photo release, attendees must check in at the onsite registration desk when they arrive at the conference.

Registration Procedure & Cancellation Policy

*For fast service, registrations should be completed online at www.sophe.org. Others may send a completed registration form to SOPHE 2012 Midyear Meeting, 10 G St NE, Suite 605, Washington, DC 20002; Fax (202) 408-9815. **Cancellations: Refund request must be received in writing. All cancellations will be subject to a \$50 cancellation fee and will be refunded after the conference. No refunds will be given for any reason after March 9, 2012. Substitutions are allowed at any time provided that they are the same membership status and submitted in writing to the National SOPHE office.***