

PROMISING PRACTICES 2012

Registration



Contact Information

* = Required Field

Title

First Name *

Middle Name

Last Name *

Agency *

Job Title

Address *

City *

State *

Postal Code *

Email *

Phone *

Website

Registration Information:

Insert how you would like your name to appear on your badge:

Check here if you will require ADA accommodation to fully participate in this activity and briefly describe: Yes No

Do you require a vegetarian diet? Yes No

Check here if you have other dietary restrictions we should be aware of: Yes No

Please specify

Fees

Note: (A separate registration form is required for each person attending)

Early Bird \$325 [November 8th, 2011 - February 7th, 2012]

General \$400 [February 8th, 2012 - April 11th, 2012]

On-Site \$450 [April 16th, 2012 - April 18th, 2012]

Payment Information

Total * \$

Card Type *

Card Number * (No Dashes or Spaces)

CVV2 *

Expiration Month *

Expiration Year *

Cancellation Policy

You may cancel your registration by sending a written cancellation request via e-mail, fax or mail to be received on or before April 1st, 2012. A \$50.00 processing fee will be deducted from your original registration rate. After April 1st, 2012, you will not be able to receive a refund of any kind.

You may transfer or assign your paid registration to another participant in the event you cannot attend the conference.

Please email, fax or mail your cancellation request to:

Katherine Winans

Email: kwinans@healthedcouncil.org

Phone and Fax: 1-775-267-0539

Mailing Address:

Attention – Katherine Winans, HEC Conference Registration

1171 Chaparral Court

Minden, Nevada 89423