



Please enter the number of the Workshop Sessions that are your first and second choices. We will make every effort to place you in your first choice session. \*Youth will participate in the youth track only. Skip section I.

Section I		First Choice	Second Choice
<b>Sunday, June 24</b>			
Preconference	1:00pm-5:00pm		
<b>Monday, June 25</b>			
Series A Workshop	10:30am-11:45am		
Series B Workshop	1:30pm-2:45pm		
Series C Workshop	3:15pm-4:30pm		
<b>Tuesday, June 26</b>			
Series D Workshop	8:30am-11:15am		
Series E Workshop	2:00pm-3:15pm		
Series F Workshop	3:45pm-5:00pm		
<b>Wednesday, June 27</b>			
Series G Workshop	9:00am-10:15am		
<b>Section II</b>			
<i>Will you attend the following:</i>			
<b>Monday, June 25</b>			
Opening Reception	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workshop w/Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Tuesday, June 26</b>			
NASBHC Business Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evening Event, Tue, June 26	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Special Meetings:</b>			
NASBHC Board Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State ED Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Preference (select one)	<input type="checkbox"/> Regular diet <input type="checkbox"/> Diabetic	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan	<input type="checkbox"/> Other
Professional Affiliation (select one)	<input type="checkbox"/> Administrator <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical Doctor/Dentist <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Public Health <input type="checkbox"/> Social Worker <input type="checkbox"/> Other		
Registration Notes/Special Request			

- I'd like to be a NASBHC Volunteer
- My Sponsoring Organization is 330 funded

---

**NASBHC**  
**1010 Vermont Ave., NW, Suite 600**  
**Washington, DC 20005**  
**Tel: (202) 638-5872**  
**Fax: (202) 638-5879**

*Make check payable to: NASBHC*