

Sponsorship COMPLIMENTARY Registration Form

Last Name: (Please print)

First Name:

Agency:

Profession/Title:

Mailing Address:

City/State:

Zip:

Email Address:

Please select preferred method of communication:

Email Fax Mail

Register by November 15th and SAVE!

Option 1. Full Summit Registration – Three Days	Your Cost	Post Summit Events and Meetings
<input type="checkbox"/> Full Registration, Non-Members \$395		List your session choice:
<input type="checkbox"/> ALPHA member \$375		
<input type="checkbox"/> Presenter Discount \$356		
<input type="checkbox"/> Student/Retired Discount \$200		
Option 2. One Day Registration (please select day)		
<input type="checkbox"/> Monday, Dec 3 <input type="checkbox"/> Tuesday, Dec 4 <input type="checkbox"/> Wednesday, Dec 5		(We will forward your interest to the organizer of that event. They will contact you regarding any registration requirements or potential fees.)
<input type="checkbox"/> Non-Member \$165		
<input type="checkbox"/> ALPHA <input type="checkbox"/> Presenter \$150		
<input type="checkbox"/> Student <input type="checkbox"/> Retired Discount \$85		SUBSTITUTIONS & CANCELLATIONS
ADDITIONAL COSTS		Cancellations prior to November 15 th may receive a refund, less \$50 administrative fee. After November 15 th no refunds will be granted. Substitutions are welcome. The Alaska Public Health Association will consider exceptions for cancelled flights, natural disasters and medical emergencies on a case-by-case basis. Non-attendance does not constitute a cancellation and will not result in a refund.
<input type="checkbox"/> Registration Late Fee: After Nov. 15 th \$50		
<input type="checkbox"/> Join/Renew ALPHA Membership \$45		
<input type="checkbox"/> Awards Luncheon Guests # ____ @ \$35 Each		<i>Registration includes entry to sessions, lunch on days provided (including awards luncheon), refreshments, program and Summit CD.</i>
Please note – awards luncheon is included in the price of registration. Only choose this option if you wish to bring an additional guest. Please include your guests name.		
TOTAL PAYMENT DUE		

FOR ADDITIONAL INFORMATION

Registration Questions? www.alaskapublichealth.org

Call Nancy Lowe at 907.450.2458 nancy@iialaska.com Or Susan Pruitt at 907.450.2488 spruitt@iialaska.com

The Sheraton Hotel 1.800.478.8700 and specify the **Alaska Health Summit** for discount until November 1st

Special Instructions:

PAYMENT INFORMATION	Payable to: Alaska Public Health Association Tax ID# 92-0087212
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Purchase Order # _____

Approved Amount: \$ _____

Contact Person:

Phone Number:

VISA MASTERCARD Approved Amount: \$ _____

Name on Card:

Card Number:

Expiration Date: _____ / _____

Month Year

Authorized Signature:

Submit by mail to Information Insights, P.O. Box 73490, Fairbanks, AK 99707 or Fax to: 907.450.2470