

Please complete or attach a business card: **PERSONAL INFORMATION**

Full Name: _____

Degrees: _____ Badge Nickname: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Attendee Survey

1. Where do you work?

Local Health Department

State Health Department

Federal Government

Academic Institution

Non-Profit Association

Other: _____

2. Position/level within your organization:

Executive (President/Vice-President/Exec. Dir)

Senior Manager (Director/Sr. Mgr.)

Manager (Mid-level Management)

Administrative Staff

Other: _____

3. Please indicate if you have any dietary restrictions or require any special assistance.

Privacy Policy (please check only one):

- I prefer my full contact information (including email and mailing address) to be included in the list.
- I prefer none of my information to be included in the list.
- I prefer just my name and mailing address to be included in the list. Do not distribute my email.
- I prefer just my name and email address to be included in the list. Do not distribute my mailing address.

Alternative Email Address (optional): If you wish to use a different email address than the one provided above in this form for the attendee list exhibitors receive, please indicate an alternative email address here: _____

SELECT REGISTRATION TYPE

Full Summit	
<input type="checkbox"/> Full Summit Registration (Not-for-profit groups, federal PHEP grantees & local, state, and federal government employees)	\$600
<input type="checkbox"/> Full Summit Registration (For-Profit and commercial partners)	\$750
<input type="checkbox"/> Full Summit CDC Employee Registration	\$550
<input type="checkbox"/> Full Summit Group Registration (3 or more individuals representing the same not-for-profit organization, federal PHEP grantees & local, state, and federal government)	\$550
<input type="checkbox"/> Speaker or Presenter Full Summit Registration	\$500
<input type="checkbox"/> Student Full Summit Registration (must show proof of full-time enrollment status)	\$300
Daily	
<input type="checkbox"/> Tuesday Only	\$0
<input type="checkbox"/> Wednesday Only	\$260
<input type="checkbox"/> Thursday Only	\$260
<input type="checkbox"/> Friday Only	\$100
Pre-Summit Workshops	
<input type="checkbox"/> 2-hour Pre-Summit Workshop	\$0 / \$50
<input type="checkbox"/> 6-hour Pre-Summit Workshop	\$100

Workshop Session #s: _____

Exhibits

<input type="checkbox"/> Exhibit Hall Only	\$125
<input type="checkbox"/> Exhibitor (1 Comp Full and 2 Comp Hall Only per 10'x10')	
<input type="checkbox"/> Full Summit \$0 <input type="checkbox"/> Hall Only \$0	

Continuing Education

<input type="checkbox"/> Continuing Education	\$30
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TOTAL DUE: _____

PAYMENT

Payment must be included at the time of registration. Your registration will not be considered confirmed until full payment has been received.

- | | |
|--|---|
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |

Card Number: _____

Name on Card: _____

Expiration Date: _____

Authorized Signature: _____

REFUNDS/CANCELLATIONS

Refunds are limited to conference fees paid. To qualify for a 50% refund of registration fees paid, a written cancellation must be received by the Summit Registration Manager no later than January 8, 2010. No refunds will be given after January 8, 2010. Cancellation requests should be sent via e-mail to PHPReg@conferencemanagers.com. Substitutions will be permitted and should also be submitted in writing.

PRE-SUMMIT WORKSHOP LIST

-----TUESDAY, FEBRUARY 16-----

8:00 am – 3:00 pm (6-Hour Workshops)

Session #	Workshop Title	Registration Fee	Room Name
472	High-Priority Tools for Public Health Emergency Legal Preparedness	\$100	A704
473	Radiation Emergencies: An Integrated Public Health Response Workshop	\$100	A706

10:00 am – 12:00 pm (2-Hour Workshops)

Session #	Workshop Title	Registration Fee	Room Name
SP1	An Update on this Year's Influenza - <i>Sponsored by: GlaxoSmithKline</i>	\$0	International 4/5
SP2	Maintaining Strategic Focus during Emergent Situations - <i>Sponsored by: Deloitte Consulting, LLP</i>	\$0	International 6/7
124	Emergency Management Assistance Compact: Making EMAC Work for You	\$50	M302/M303
475	Mass Fatality Incidents: Integrating Lessons Learned into Regional Planning and Response	\$50	A601
360	Engaging and Communicating Effectively with the Business Community in H1N1 Preparedness	\$50	M301
353	Public Health Emergency Project Management: What Are We Waiting for?	\$50	International 10
411	Get Your Message to the Masses: Social Media and Mass Antibiotic Dispensing Campaigns	\$50	International 8/9

1:00 pm – 3:00 pm (2-Hour Workshops)

Session #	Workshop Title	Registration Fee	Room Name
SP3	All Hazards Approach to Evacuation - <i>Sponsored by: First Line Technology</i>	\$0	International 4/5
SP4	The Benefit and Advantages of Stockpiling, Distributing and Dispensing Prepackaged Mass Medical Countermeasures - <i>Sponsored by: Dispensing Solutions, Inc.</i>	\$0	International 6/7
474	Fundamentals of Volunteer Management for Public Health Professionals	\$50	M302/303
465	Linking the Local Health Department with Businesses for Building Preparedness in Small or Rural Communities	\$50	M301
476	Laboratorians Working Together to Enhance the Nation's Biological and Chemical Threat Preparedness	\$50	International 8/9