

Individual Registration Worksheet – Educator Wellness Conferences 2008

(Reproduce and distribute to each participating member) -

FAX to (817) 496-5800 or Submit ONLINE REGISTRATION Below

REP ID#: TWHI0716



Individual Contact Information (Please print legibly or type if registering by fax or mail)

First Name _____ Last Name _____

Home Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Email (MANDATORY – must be accessible all year) _____

District Name _____ School Name _____

Home Phone _____ School Phone _____

Position within School District _____

Educator Wellness Site Team Role: Site Coordinator Site Administrator

Counselor Teacher Other (specify) _____

Check here if you are a Regional Director / Coordinator or District Director



Conference and Session Selection

Please check which conference you will attend:

Grapevine, Texas
October 5-6, 2008

Session Selection #'s (Session titles listed below - choose at least 6): _____

Detailed session descriptions are available online at educatorwellhealth.com.



Payment Method

Early Bird

Postmarked or received by
September 8, 2008

****Special Rate for AAPHERD Members****

Two-day conference \$ 365

Regular

AFTER September 8, 2008 or
Postmarked or received by
September 22, 2008

\$ 435

Late

Postmarked or
received **AFTER**
September 23, 2008

\$ 485

(*Late fees apply starting September 23, 2008)

If you are sending payment by fax or mail, please complete the fields below to indicate how payment will be made. Registration and session selection ARE NOT guaranteed until payment is received by Educator Well-Health. Please make checks and purchase orders payable to Educator Well-Health, Inc.

Purchase Order # _____ Check # _____

Visa Mastercard # _____ - _____ - _____ - _____ Expiration Date ____ / ____ / ____
month / year

Print Name on Card _____ Phone Number _____

Billing Address _____ City _____ State _____ ZIP _____

Signature _____ Date _____

Signature authorizes Educator Well-Health to charge the above credit card for Educator Wellness Conference registration fees as indicated on this form.

For Educator Well-Health, Inc. use only: Received Date _____ Initials _____ Enter Date _____ Initials _____