

Annual Meeting Registration

-ADH Employees Only-

First Name				Last Name			
Program				Position	n		
Work A	Address						
City			State		Zip		
Phone			Work Email				
Personal	l Address						
City			State		Zip		
Phone			Email				
ADH Employee Only:			Center	 □ Directors Office □ Health Advancement □ Health □ Public Health □ Public Health □ Public Health 			
			Supervisor's Signature				
To Be Completed by APHA:							
Payment T	'ype						
Date Recei							
Processed 1	_ <u> </u>						
Registratio	on						
	R	Registration		Extras			
APHA Member-\$80							
Non-member -\$100				Baseball and BBQ - \$20.00			
		CONTINUI	NG EDUCATIO	N CREDITS * Sel	ect One*		
M/CHES				Dietician			
Environmental Health Specialist				Nursing			
DIETARY RESTRICTIONS							

Submit Original Document to Quinyatta Mumford

The Arkansas Department of Health will reimburse \$80.00 for the 70th annual meeting, contingent upon approval from your direct supervisor. Please note that any conference extras are not eligible for reimbursement. Lunch will be provided each day as part of general admission.