

2010 Coordinated School Health Conference

Registration Form

June 23-24, 2010 (Preconference June 22)



I am registering for: **Preconference Workshop** **Conference** **Both**

I am registering as: **Individual Participant** **School Health Team** (please list ALL other team members on the back of this registration form)

School Health Team Leader Name: _____

Title/position: _____

School district/organization: _____

Address (work) (home): _____

City/state/zip code: _____

Email address: _____ (needed if confirmation is requested)

Phone (work) _____ (home): _____

Dietary restrictions: None Vegetarian Other _____

Fees:	Pre-conference workshop	\$45.00/per person
	4-person team	\$160/person (\$640/team)
	5-person team	\$160/person (\$800/team)
	6-person team	\$160/person (\$960/team)
	Individual participant	\$175/person

Amount enclosed: \$ _____

Mail completed form, check or money order payable to the **Buckeye Healthy Schools Alliance** to:

Julie Drumheller
5845 S Wheelock Rd.
West Milton, OH 45383

Registration forms accompanied by a purchase order can
be faxed to: Julie Drumheller
(937) 698-4329

Registration form and payment, or purchase orders must be postmarked/faxed **by June 2, 2010.**

NOTE: This form must include registration for EACH member of the team (see reverse side).

OTHER SCHOOL HEALTH TEAM MEMBERS:

Name & Title/position: _____

School district/organization: _____

Address (work) (home): _____

City/state/zip code: _____ Email address: _____

Phone (work) _____ (home): _____

Dietary restrictions: None Vegetarian Other _____

Name & Title/position: _____

School district/organization: _____

Address (work) (home): _____

City/state/zip code: _____ Email address: _____

Phone (work) _____ (home): _____

Dietary restrictions: None Vegetarian Other _____

Name & Title/position: _____

School district/organization: _____

Address (work) (home): _____

City/state/zip code: _____ Email address: _____

Phone (work) _____ (home): _____

Dietary restrictions: None Vegetarian Other _____

Name & Title/position: _____

School district/organization: _____

Address (work) (home): _____

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Phone (work) _____ (home): _____

Dietary restrictions: None Vegetarian Other _____

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Dietary restrictions: None Vegetarian Other _____