



NABJ Conference on Health Disparities

March 4-6, 2010

Barbara Jordan Conference Center
Washington, DC

REGISTRATION FORM (Please Print)

NABJ Member? Yes No Member # _____

Full Name _____

Title _____

Company/School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Please provide e-mail address for your registration confirmation.

METHOD OF PAYMENT CHECK MONEY ORDER CREDIT CARD

Cardholder's Name _____

Cardholder's Signature _____

Account Number _____ Expiration Date _____

Billing address _____

City _____ State _____ Zip _____

ON-SITE REGISTRATION	REGISTRATION RATES
Before February 25, 2010	
NABJ MEMBER	\$59
NON-MEMBER	\$99
After February 25, 2010	
NABJ MEMBER	\$99
NON-MEMBER	\$179
TOTAL ENCLOSED	\$ _____

REGISTRATION TYPE CANCELLATION POLICY

Cancellations must be received in writing **by February 25, 2010**. Telephone cancellations will not be accepted. No exceptions. Event registration cancellations received on or before the deadline will be eligible for a refund, less a **\$25** administrative fee. Cancellations not received by the date required will not be eligible for a refund. No refund requests will be honored by phone. No-shows will not be refunded. NABJ does not accept personal checks onsite. Registration fees must accompany this form.