

**THE NEXT STEP: CITIZEN EPIDEMIOLOGY CONFERENCE
AN INTERNATIONAL EDUCATIONAL/ORGANIZING CONFERENCE
ON GRASS-ROOTS PUBLIC HEALTH INITIATIVES**

REGISTRATION FORM

Thank you for your interest in attending this important Conference. When filling out this Registration, please be as complete as possible. All information will be confidential, unless you give permission to be included in the final Conference Registration Listing, to be made available after the Conference. Please carefully read the brochure about "Participation" before completing this form so that you register your preferences correctly.

PERSONAL CONTACT INFORMATION (PLEASE PRINT LEGIBLY!):

NAME: _____ **ORGANIZATION (IF ANY):** _____

STREET ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____

ZIP/CODE: _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ **WEBSITE URL:** _____

REGISTRATION PREFERENCES:

Advance registration insures that you will receive all pre-Conference materials, and reserves your accommodations. While registrations will be taken at the Conference, we cannot guarantee that you will have a place to stay, and you may have to arrange this on your own.

I wish to register with the following preferences (check all that apply): **TOTAL:**

- All 3 days, at US \$30 (€ 23 in Europe) _____
- The following days, at US \$15/day (€12/day; circle days you will attend):
F 20-May SA 21-May SU 22-May _____
- Conference Papers Packet (~3 months after Conference), add US \$15/(€11) _____
- I need financial assistance. (Please contact us about your needs. Special rates will be made available for those who are unemployed, on fixed incomes, or receiving public assistance.)

Meals: The Conference will arrange for optional Thai food lunch on Saturday at the Conference site. The cost is US \$5, and serving at the site will insure you're not late for sessions. Select this option when you register at the Conference. Dinner will be the responsibility of the attendees. Lists of local, inexpensive restaurants and markets within a short walk of the Conference site will be provided at the Conference.

Sleeping Accommodations: The Conference can provide help in arranging accommodations. The final arrangements (hotel reservations, house guest, youth hostels, sleeping bag on a floor, etc.), however, will be your responsibility. If you prefer to NOT make your own arrangements, and need our assistance, please indicate your preferences below. We cannot always guarantee that we can meet your needs, but will try to work with you to meet them where possible:

- I need a hotel room; please provide me a list of local choices.
- I would like to be a house guest. Please provide me a local contact.
- I need low-cost accommodations. Please provide a list.
- I can use a sleeping bag on a floor. Please help me make arrangements with locals.
- I (am) (am NOT) a smoker (please CIRCLE your choice)

- I prefer (smoking) (non-smoking) accommodations (please CIRCLE your choice)
- I have allergies/sensitivities to the following, and must avoid them (e.g., cats, feathers, perfumes or strong chemical odors): _____

- I have the following special needs (e.g., wheelchair accessibility, shower/bathing help, seeing eye dog, elevators/lifts, walking limitations, etc.; we will assist where we can, and will notify you):

- I give my permission to have my contact information listed in the Conference Directory for distribution.

I have read the Conference materials, and agree to all terms and conditions of the Conference.

Signature Date

REGISTRATION PAYMENT: (Note: this payment does NOT include housing and food, which is additional, and the responsibility of the person attending)

- I wish to pay by check. (Please provide a check for all payments in US \$, made payable to: NEIS. **Mark your check in the memo field, "CitEpidem Conference"** Failure to mark the check could result in you not being registered for the Conference.)
- European guests: Please make payment of €23 EUROS (Conference fee only) to : GAAA, c/o M. K pker, Beckstra e 14, 20357 Hamburg, Germany.
- I wish to make an additional contribution towards the success of the event: \$ _____

- I authorize the following credit card payment (in US Dollars; currency conversion will be done by the credit card company automatically):

I want to pay the amount of: \$ _____ by (circle one): VISA or Mastercard
 My credit card no. is : _____ - _____ - _____ Exp Date MM/YY: _____ / _____
 Name as it appears on card (PLEASE **PRINT** LEGIBLY): _____

Signature

RETURN TO:

- NEIS, P.O. Box 1637, Evanston, IL 60204-1637, USA; (847)869-7650; -7658 fax; neis@neis.org
- *CitEpidem Conference, c/o Marion K pker, Beckstra e 14, 20357 Hamburg, Germany; +49-40-430-7332; marion@motherearth.org*