

16th HUDSON VALLEY REGIONAL PERINATAL PUBLIC HEALTH ANNUAL CONFERENCE
An Eco-Bio-Developmental Approach to Perinatal Health

Date: Wednesday, November 15, 2017
Time: 8:30 a.m. – 4:30 p.m.
 Exhibit Hall opens at 8:30 a.m.
 Registration opens at 8:30 a.m.
Location: DoubleTree Hotel by Hilton
 455 South Broadway, Tarrytown, NY 10591

Early Registration, before 10/13/17: \$75
 Late Registration, after 10/13/17: \$100
 *includes breakfast, lunch and conference materials

*Make check payable to: Children’s Health and Research Foundation, Inc.
 Please fax this form to: Attn: Jitzy Marrero at 914-493-1005. (Phone # 914-493-8486) OR mail form with payment to: Jitzy Marrero, The
 Regional Perinatal Center, Maria Fareri Children’s Hospital at WCMC, 100 Woods Road, Valhalla, NY 10595, **by October 13, 2017.**

REGISTRATION FORM – Date: _____

Last Name	
First Name	
Degree/Title	
Profession	MD/DO <input type="checkbox"/> RN/LPN <input type="checkbox"/> Health Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Social Work <input type="checkbox"/> Licensed Mental Health Counselor <input type="checkbox"/> Lactation Consultant <input type="checkbox"/> Other <input type="checkbox"/> :
Organization/Business/Hospital	
Address	
City/State/Zip Code	
County of Employment	
Phone	
Fax	
E-mail	
Method of Payment	Visa <input type="checkbox"/> MasterCard/Discover <input type="checkbox"/> Amex <input type="checkbox"/> Check/Money Order <input type="checkbox"/>
Card/Check Number*/Bank	
Card Expiration Date	
Security Code Number	
Card Owner	
Home Address	
Home City/State/Zip	
Requesting Education Credits	<input type="checkbox"/> CME <input type="checkbox"/> CNU <input type="checkbox"/> CERP <input type="checkbox"/> None <input type="checkbox"/> Social Work CEU - LMSW # _____ LCSW # _____ <input type="checkbox"/> Licensed Mental Health Counselor CE – LMHC # _____
Early Registration (before October 14, 2016)	\$75.00 <input type="checkbox"/>
Late Registration (after October 14, 2016)	\$100.00 <input type="checkbox"/>
TOTAL	\$
Lunch	<input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: