

Advanced Hands-On CAMEO Training May 21–23, 2007

REGISTRATION FORM (please photocopy to register colleagues)

To expedite your registration, please provide your Reference Code found on the back of your brochure/flyer or the bottom of your email message:

If you do not have a Reference Code, please let us know how you found out about this program by selecting one of the following:

- You or colleague received a brochure or flyer (specify) _____
- You or colleague received an email message (specify) _____
- Search engine (specify) _____
- Listserv (specify) _____
- You or colleague attended same program previously
- You or colleague attended other programs at Harvard (please specify which program) _____
- You or colleague saw an advertisement (specify publication) _____
- Harvard website (specify) _____
- Other website (specify) _____
- Other (specify) _____

Registration Information

PREFIX NAME & DEGREE/CERTIFICATION (AS IT SHOULD APPEAR ON YOUR CERTIFICATE)

FIRST NAME (FOR CLASSROOM USE) TITLE

DEPARTMENT DIVISION

ORGANIZATION

ADDRESS

CITY/STATE/ZIP COUNTRY

PHONE FAX

EMAIL (REQUIRED FOR CONFIRMATION)

Fee

- \$400 if payment received by February 23, 2007
 \$450 if payment received after February 23, 2007

Payment Information

- Credit card payment for \$_____.
- Check is being sent in mail. My credit card information is provided below to reserve my space in the program: Visa Mastercard AmEx

CARD NO. SECURITY CODE* EXPIRATION DATE

SIGNATURE NAME ON CARD

BILLING ADDRESS (IF DIFFERENT) — INCLUDE CITY/STATE/ZIP

- Check enclosed for \$_____. (Participant name must be on check, made payable to: Harvard School of Public Health - CCPE)

* Security Code: the last 3 digits (VISA/MC) or last 4 digits (AMEX) in signature box on back of card.

Scholarships

A limited number of scholarships **primarily reserved for state and local employees** are available for these programs. If you wish to request a scholarship, please fax or mail the program registration form together with a brief letter to: Enrollment Coordinator, Center for Continuing Professional Education, Harvard School of Public Health, CCPE-Dept. A, 677 Huntington Avenue, Boston, MA 02115 or FAX 617-384-8690. Please include the following information in the letter: job title, organization, and duties; how you expect the information provided in this program will benefit your organization; and amount of program fee your employer can support. There is a non-refundable \$50 co-pay for all recipients of full scholarships.

Workforce Training Funding for Massachusetts Employers: This program is eligible for Massachusetts Department of Workforce Development funding grants. Massachusetts companies may be eligible for up to 50% off program fees. Contact the Massachusetts Department of Workforce Development for assistance on filling out the approval forms: 800-252-1591 or <http://www.mass.gov/wtf>

Program Check-In

Harvard School of Public Health
Kresge Building
677 Huntington Avenue
Boston, Massachusetts 02115
617-384-8692

For map and directions, please visit: www.hsph.harvard.edu/maps.

Accommodations

Best Western Boston
The Inn at Longwood Medical
342 Longwood Avenue
Boston, MA 02115
617-731-4700
\$149 single/double occupancy + 12.45% tax

Rooms have been reserved at this reduced rate until **April 30, 2007**. Reservations should be made when you receive your registration and payment confirmation. Please state the program name and the Harvard School of Public Health to receive the special rate.

Payment Policy

Payment must be made in US funds and received in order to process your registration. Payment by credit card is strongly preferred (Visa, MasterCard, AmEx). If paying by check, we will require a credit card to reserve your place at the program. Please make check payable to: Harvard School of Public Health - CCPE. Space is limited. **Note: Please do not make non-refundable flight arrangements until you have received confirmation from us.**

Substitution/Cancellation Policy

Substitutions may be made without additional charge. Requests for substitutions or cancellations must be made in writing. Cancellation on or before March 30, 2007 will be issued a refund less \$50 administrative fee per person. Cancellations received between March 31, 2007 and April 27, 2007 will be issued a refund of 50%. **After April 27, 2007, no refund will be issued.** There will be no exceptions to this policy.

4 Ways to Register:

Mail completed registration form and payment to:
Harvard School of Public Health, CCPE - Dept. A,
677 Huntington Avenue, Boston, MA 02115-6096 USA
(no overnight delivery)

Fax completed registration form to 617-384-8690

Phone 617-384-8692 • **Web** www.hsph.harvard.edu/ccpe

For questions, email us at: contedu@hsph.harvard.edu



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