

Acute and Chronic Noise Exposure: Strategies for Preventing, Diagnosing, and Treating Hearing Loss

March 29–30, 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

- \$795

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.

How to Apply for a Scholarship

This program is supported by a grant from the National Institute for Occupational Safety and Health, which offers partial tuition scholarships reserved primarily for state and local public employees. Along with your registration form, each scholarship applicant must submit the registration form along with a letter or note with all of the following information: your title and job duties; how this program would help you do your duties for your organization, and why you and your organization need this training; how much scholarship money you need in order to attend.

Submit this letter with registration 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. 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 **March 7, 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 February 2, 2007 will be issued a refund less \$50 administrative fee per person. Cancellations received between February 3, 2007 and March 2, 2007 will be issued a refund of 50%. **After March 2, 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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