

# Analyzing Risk: Science, Assessment, and Management April 10–13, 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

- \$1,395 if payment received by February 16, 2007  
 \$1,595 if payment received after February 16, 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.

### 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](http://www.hsph.harvard.edu/maps).

### Accommodations

Hyatt Regency Cambridge  
575 Memorial Drive  
Cambridge, MA 02139  
617-492-1234  
\$169 single/double occupancy + 12.45% tax

Rooms have been reserved at this reduced rate until **March 12, 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 16, 2007 will be issued a refund less \$150 administrative fee per person. Cancellations received between February 17, 2007 and March 16, 2007 will be issued a refund of 50%. **After March 16, 2007, no refund will be issued.** There will be no exceptions to this policy.

*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>

### 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](http://www.hsph.harvard.edu/ccpe)

For questions, email us at: [contedu@hsph.harvard.edu](mailto:contedu@hsph.harvard.edu)

