

In-Place Filter Testing Workshop August 20–24, 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 May 25, 2007
 \$1,495 if payment received after May 25, 2007

Payment Information

- Credit card payment for \$_____.
My credit card information is provided below: 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: on the card, the last 3 digits on the back (VISA/MC) or small 4 digits on the front (AMEX).

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 **July 29, 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. All requests for substitutions or cancellations must be made in writing. Cancellation on or before June 29, 2007 will be issued a refund less \$150 administrative fee per person. Cancellations received between June 30, 2007 and July 27, 2007 will be issued a refund of 50%. **After July 27, 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:

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

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

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



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