

BADGE NAME AND ADDRESS INFORMATION

First Name _____ Last Name _____

Degree (eg. MD, PhD, MPH, DrPH, MS, MA, MSN, RN, BSN, BS, BA, etc.) _____

Affiliation _____

Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Tel _____ Fax _____

Email _____

I require special Conference assistance or accommodations (e.g. hearing impaired, wheelchair accessible, vision impaired). Please explain: _____

I have submitted an Abstract. ID Number: _____

I do not wish to be included for any marketing announcements by sponsors or organizations outside of ASTDA.

REGISTRATION FEES IN U.S.DOLLARS *(please circle appropriate fees)*

Early bird registration: *On or before January 22, 2008* **\$200**

Pre-registration: *Between January 23, 2008 & February 19, 2008* **\$225**

Late/On-site registration: *After February 19, 2008* **\$250**

Student registration*: *(limited number available)* **\$125**

* must provide proof of current student status with faxed or mailed registration form.

Advance Registration Form



**Confronting Challenges,
Applying Solutions**

March 10 - 13, 2008

Chicago, Illinois

I will also attend:

- Evaluating Your Program: Data - It's Not Just for CDC Anymore, (March 9, 9:00 am - 4:00 pm)
- STD 101 Pre-conference Seminar, (March 10, 8:30 am - 1:00 pm)
- Internet Guidelines for STD/HIV Prevention: An Overview and Training (March 10, 8:30 am - 3:00 pm)

PARTICIPANT CATEGORY LIST *(please select the most appropriate response for each section)*

Primary Profession:

- Health Care Provider (e.g., MD, nurse, PA)
- Other Service Providers (e.g., health educator, outreach worker, social worker)
- Laboratorian, Medical Technologist
- Researcher
- Public Health Advisor
- Disease Intervention Specialist
- Administrator
- Student
- Other: _____

Primary Work Setting:

- Public health agency – National
- Public health agency – State
- Public health agency – City/County
- Community Health Center
- Family Planning Program (not in health department)
- Non-clinical Care Community Based Organization
- University, College or other School
- Corrections Facility
- Private Practice, clinical care organization (including hospital, clinic, etc.)
- Private Industry
- Other: _____

PAYMENT INFORMATION

- Mailed checks must be payable to National STD Prevention Conference.
- Signed Purchase Order Number: _____
- If payment is by Visa, MasterCard or American Express, please complete the following section:

Card Number _____ Card ID Code* _____ Expires _____

Cardholder's Name _____ Cardholder's Signature _____

Billing Address *(if different from above)* _____

* Required: last 3-digit code on back of Visa/MasterCard signature tape, or 4-digit code on front of American Express above card number.

Payment in U. S. dollars may be made by personal or company check, money order, or credit card. *Please note that payment by credit card will be described on your monthly statement as a charge from ASTDA.*

Purchase orders will be accepted but must be accompanied by completed registration forms for each conference delegate.

Government vouchers, wire transfers, telephone or electronic mail registrations will not be accepted. International payment must be by credit card, or International Money Order.

Please mail to:
Registrar, National STD Prevention Conference
779 E. Chapman Road, Oviedo, FL 32765
or Fax to: 407-366-4138

For questions, please call: 407-971-4451

std08v11.0217

REGISTRATION INFORMATION

The conference is open to anyone who is interested. Early registration is recommended, as delegate numbers will be limited by venue capacity. Participants can register online at <http://www.cdc.gov/stdconference> using VISA, MasterCard or American Express. Please note that payment by credit card will be described on your monthly statement as a charge from ***ASTDA***.

Registration can also be completed by downloading the registration form and mailing it, along with payment or an original copy of a Purchase Order, to:

Registrar, National STD Prevention Conference
779 E. Chapman Road
Oviedo, FL 32765
Fax: 407-366-4138

For registration questions, please call: 407-971-4451

Student-rate registration: Limited student-rate registration is available at \$125. To qualify for this fee, you must fax or send a copy of your current student ID, a completed registration form and payment information to the mail and fax information provided above. Slots will be provided on a first come, first served basis. Should student slots not be available, your payment will be returned.

Please note that a purchase order for multiple conference delegates must be accompanied by a completed registration form for each person. Registration will not be confirmed or guaranteed until payment is received and funds are cleared.

Cancellation: All requests for cancellation must be made in writing to the STD Prevention Conference Registrar. Refunds will not be provided for cancellation requests received after **February 18, 2008**. If you are unable to attend, a colleague may attend in your place. Written notice of permission from the original registrant for substitution must be provided to the registrar either prior to the conference or at the conference site.

Note: A \$25 cancellation fee will be assessed for registration refunds.