

CSHC Conference Registration Form: School Health Day at the Capitol

Completed Form: fax/email to Aileen Olson at aolson@schoolhealthcenters.org or 510-268-1318.

Check Payment: \$60 payable to "CSHC" mailed to: Conference, California School Health Centers Association, 1203 Preservation Park Way, Suite 302, Oakland CA 94612.

Credit Card Payment: Use form below or call us with your credit card information at 510-268-1260.

Confirmation: You will receive an email confirmation of your registration when your payment is received.

Name	
Title	
Phone	
Email	
Organization Name	
<i>Credit Card Number (Mastercard/Visa only)</i>	
<i>Expiration date</i>	
<i>Name on credit card</i>	
<i>Billing street address</i>	
<i>Billing City, State, Zip</i>	

For Legislative Visit planning purposes, please respond to all of the following questions.

HOME ADDRESS

Name	
Street Address	
City / State / Zip	

WORK ADDRESS

Street Address	
City / State / Zip	

ANY OTHER CALIFORNIA COMMUNITY TO WHICH YOU HAVE A STRONG CONNECTION

Street Address	
City / State / Zip	
Not Applicable	

TEAM LEADERS

Would you like to be a Team Leader to help facilitate a group's legislative visit(s)?

Yes		No	
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