



**2017 Spirituality and Health Conference The Impact of Cultural Diversity
on Health and End of Life Care Registration Form**

**Thursday June 8th 1:00 PM – 5:00 PM Thursday Registration & Sign In: 12:00 PM
(Thursday Evening 7:00 PM - 8:30 PM – Free to the General Public) Friday June 9th 8:30 AM – 4:30 PM
(Friday Registration and Sign In: 7:30 AM)
(Providers Need to Attend Both Day Sessions to obtain credit)**

Please write legibly in order to properly record your certificate of attendance for credit – Upon completion fax or mail completed registration form with enclosed check of credit card information to the above address

Name _____

Circle One: MD DO PA-C RN LPN MSW PSY M.Div. OTHER: _____

Which event(s) are you planning to attend?

- Thursday 1:00 PM – 5:00 PM
- Thursday evening Presentation Only 06/08/2017 7'00PM – 8:30 PM (Free to the General Public)
- Thursday evening presentation: 06/08/2017 and day sessions: (Thursday & Friday) 06/08-09 2017
- Day sessions only 06/08 -09 2017

Business Phone (____) _____ Alternative Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail business _____

Lunch Preference on 6/3/2015: Standard Vegan – Gluten Free

Early Registration Fee: (03/20/2017) through 10:00 PM 05/26/2017: \$ 150.00

Registration Fee after 10:00 pm on 5/26/2017 and at the door: 175.00

Method of Payment:

- Check enclosed
- Visa
- Master Card
- American Express

Card # _____

Exp: Date _____ 3 or 4-Digit security code _____

(Print Name as it appears on card)

Signature (Necessary to process credit card)

Billing address of card holder

**Make checks payable to: PHS Chaplaincy Service: Mail to: PO Box 26666 Albuquerque NM 87125-26666
Refunds are Payable by Check Only. Request must be submitted by 05/26/2017**