



# Registration Form

**COST:**

<u>Date</u>	<u>Individual</u>	<u>Student</u>
August 13 (8am - 4:30pm)	\$120	\$80
August 14 (8am - 4:30pm)	\$120	\$80
Both Days	\$180	\$120

Registration includes conference materials and continuing education units. A continental breakfast and buffet lunch will be provided on both August 13th and 14th.

Payment in full must be received by **July 11, 2008**. Please make checks payable to **San Francisco General Hospital Foundation.**

Sorry, we are unable to process credit cards, and purchase orders will not be accepted. Students must present a copy of a current student ID.

**There will be no onsite registration.**



**Please complete this form & mail with payment. Please print clearly.**

\_\_\_\_\_  
**First Name** **Last Name** **Credentials**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**E-mail**

Please send my registration confirmation via  
 E-mail or  fax.

I will be applying for Continuing Education Units for  
 BSRN/LVN  CHES  MD  
 MFT/LCSW/LPT  RD/DTR

Professional License/Registration Number: \_\_\_\_\_

**LOCATION:**

South San Francisco Conference Center  
 255 South Airport Boulevard  
 South San Francisco, CA 94080

Directions will be sent to you with your confirmation.

**CANCELLATION:**

The registration fee, **less \$50 handling fee**, will be refunded if a 2 week written cancellation notice is received by July 31, 2008. **No refund will be given for cancellation notices received less than two weeks from conference date.**

**QUESTIONS?**

Please contact **Meredith Persons** at  
**(415) 575-5745 / [meredith.persons@sfdph.org](mailto:meredith.persons@sfdph.org)**

**MAIL TO:**

More Hot Topics in Nutrition Conference  
 Attn: **Meredith Persons**  
 30 Van Ness Avenue, Suite 220  
 San Francisco, CA 94102

**For office use only:**  
 Day 1: \_\_\_\_\_  
 Day 2: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_