

The Public's Health and the Law in the 21st Century: 5th Annual Partnership Conference

Registration Form

Print & Complete this form to Register by MAIL or FAX

MAIL: American Society of Law, Medicine & Ethics

765 Commonwealth Ave., Suite 1634, Boston, MA 02215

FAX: (617) 437-7596 **ONLINE:** www.aslme.org/conferences

Please register me for *The Public's Health and the Law in the 21st Century* conference.

| | On or before May 10, 2006 | After May 10, 2006 |
|--|---------------------------|--------------------|
| <input type="checkbox"/> Registration Rate | \$245 | \$295 |
| <input type="checkbox"/> Member Rate* | \$200 | \$250 |
| <input type="checkbox"/> One-Day Rate** | \$170 | \$220 |

* Rate is applicable to members of ASLME or to Public Health Law Association members.

** Please indicate which day you would like to attend by checking the day Monday Tuesday Wednesday.

SPECIAL RATE Available: Register & join ASLME at the same time & receive a discount. Rate includes The Public's Health and the Law in the 21st Century conference registration fee & a 1 year ASLME membership.

| | <u>On or before May 10, 2006</u> | <u>After May 10, 2006</u> |
|-----------------|----------------------------------|---------------------------|
| Register & Join | \$445 | \$495 |

- I would like Continuing Legal Education Credits in the state of _____.
- I would like Continuing Medical Education Credits.
- I would like Continuing Nursing Education Credits.
- I would like CECH for Certified Health Education Specialists.

Check Enclosed (make payable to the *American Society of Law, Medicine & Ethics*).

Charge my Credit Card. MasterCard Visa Discover AMEX

Card # _____ Exp. Date _____

Prefix _____ First Name _____ Middle _____ Last _____

Suffix/Degrees (MD, JD, RN, etc.) _____

Company/Organization _____

Title _____

Business Address _____

City/State/Zip/Country _____

Home Address _____

City/State/Zip/Country _____

My preferred mailing address is: Home Business

Email (required for confirmation purposes) _____

Telephone _____ Fax _____

My total registration cost: \$ _____.

Questions? 617-262-4990 or email conferences@aslme.org

If you have special needs addressed by the Americans with Disabilities Act, notify ASLME at least 3 weeks prior to the program.

ASLME reserves the right to cancel/reschedule any program due to an insufficient number of registrants or other unforeseen circumstances. Registration cancellations must be received in writing on or before May 25, 2006 & are subject to a \$50 processing fee. Refunds for this program will not be permitted after June 9, 2006. If you would like to send a substitute, call ASLME to arrange.