

**Registration Form**  
*2010 Healthy Schools Institute*  
**“Allies in Action”: Promoting Accountability in Health and Academic Achievement**  
**Lenoir-Rhyne University, Hickory, NC**  
**June 21-23, 2010**

Please submit **ONE FORM** per team.

**SHAC Team Leader’s Name:** \_\_\_\_\_

**LEA/Affiliation:** \_\_\_\_\_ **Position:** (example: 3<sup>rd</sup> grade teacher) \_\_\_\_\_

**Preferred mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Emergency Contact Name and Phone:** \_\_\_\_\_

**Personal Concerns:** medical considerations, special dietary needs, other \_\_\_\_\_

**Registration and attendance cost:**

\_\_\_\_\_ \$250 – Per person/double occupancy/early registration  
**(must be postmarked, faxed or received in the NCPHF by May 14, 2010)**

\_\_\_\_\_ \$300 – Per person/double occupancy/late registration **(May 15 – June 4, 2010)**

**\* Please note: registration forms MUST be received in the NCPHF on Friday, June 4, 2010.**

*Please note that for insurance reasons Lenoir-Rhyne University does not allow children under the age of 18 in the residence halls. They also are not allowed in other University facilities unless they are paid, registered participants.*

**Housing:** Institute housing is in the dorms at Lenoir-Rhyne University. **Rooms are double occupancy.** Participants staying off campus are responsible to **arrange** for their lodging. The registration fee is the **same**.

**Preferred roommate** \_\_\_\_\_ or \_\_\_\_\_ **NO preference** (roommate will be assigned)

**Individual Registration Amount Paid: \$** \_\_\_\_\_

**Make Check Payable to: North Carolina Public Health Foundation**

Send Registration Form(s) and copy of purchase order or check to:

**North Carolina Public Health Foundation**  
**Attn: Surabhi Aggarwal - Healthy Schools Institute**  
**PO Box 18763**  
**Raleigh, NC 27619**  
**Fax: (919) 870-4800\* (new fax number)**

***Questions? Please contact:***

Surabhi Aggarwal (919) 707-5225 OR Melody Hudson (919) 807-3939

**2010 Healthy Schools Institute**  
Lenoir-Rhyne University, Hickory, NC  
June 21-23, 2010

Please complete the following information for **EACH additional team member** attending the Healthy Schools Institutes. **Please make duplicates of this form as needed.** (up to 8 members):

**Your Name** \_\_\_\_\_ **LEA/Affiliation:** \_\_\_\_\_

**Position:** (example: 3<sup>rd</sup> grade teacher) \_\_\_\_\_

**Preferred mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Emergency Contact Name and Phone:** \_\_\_\_\_

**Personal Concerns:** medical considerations, special dietary needs, other \_\_\_\_\_

**Housing:** Institute housing is in the dorms at Lenoir-Rhyne University. **Rooms are double occupancy.**

**Preferred roommate** \_\_\_\_\_ or \_\_\_\_\_ **NO preference** (roommate will be assigned)

**Individual Registration Amount Paid: \$** \_\_\_\_\_

**Your Name** \_\_\_\_\_ **LEA/Affiliation:** \_\_\_\_\_

**Position:** (example: 3<sup>rd</sup> grade teacher) \_\_\_\_\_

**Preferred mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Emergency Contact Name and Phone:** \_\_\_\_\_

**Personal Concerns:** medical considerations, special dietary needs, other \_\_\_\_\_

**Housing:** Institute housing is in the dorms at Lenoir-Rhyne University. **Rooms are double occupancy.**

**Preferred roommate** \_\_\_\_\_ or \_\_\_\_\_ **NO preference** (roommate will be assigned)

**Individual Registration Amount Paid: \$** \_\_\_\_\_

**TOTAL Amount Enclosed: \$** \_\_\_\_\_

*\*SHAC teams are strongly encouraged to register as a team and submit all forms and payment at one time.*