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: 3rd 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

The North Carolina Public Health Foundation is a 501 (c) 3 organization
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: 3rd 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: 3rd 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.