



**REGISTRATION FORM**

**INSTRUCTIONS**

Please complete and return the conference registration application, with the appropriate payment by October 1, 2011, for early registration. Checks can be made payable to NHAHA and mailed to:

**NHAHA**  
**1278 Dutch Broadway**  
**Valley Stream, NY 11580**

Note: Please submit a separate form for each registrant.

**PARTICIPANT INFORMATION:**

First Name:	MI:
Last Name:	
Title:	
Organization:	
Website:	
Address:	
City:	
State:	Zip Code:
Country:	
Telephone:	
Fax:	
E-mail:	

**DEMOGRAPHIC INFORMATION:**

*(This section is optional; all information is kept strictly confidential.)*

**GENDER:**  Female  Male

**AGE:**  Under 20  20-24  25-34  
 35-44  45-54  54-64  65+

**REGION**

- Florida
- New York
- Massachusetts
- Haiti
- Canada
- Other \_\_\_\_\_

**PAYMENT**

Conference Fee: \$125

Registrations will only be accepted with payment. All checks or money orders are to be made payable to NHAHA.

Total Amount Enclosed \$ \_\_\_\_\_.

**CONFERENCE AGENDA**

Conference agenda and faculty will be available on-site during the conference and on the website: [NHAHA.org](http://NHAHA.org)