

Women's Health Conference Registration Form

PLEASE SUBMIT REGISTRATION FORM BY MARCH 3, 2008
NEW! Online Registration Available at womenandfamilylifecenter.org

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____
Email: _____

BREAKOUT SESSION ONE

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

BREAKOUT SESSION TWO

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

BREAKOUT SESSION THREE

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

I am also registering for the Pre-Conference Pamper Party, Saturday, March 8th (Note: Registration fee does not include overnight stay, please call the Marriott at (866) 449-7390 to book your room.)

REGISTRATION FEES

Sunday Conference	\$75
Senior Rate (65+)	\$60
Conference & Saturday Pre-Conference	\$99

SCHOLARSHIP PROGRAM

The WFLC invites you to help a woman in the community attend the Women's Health Conference by making a tax-deductible contribution to our Scholarship Program. Please select one of the options below and complete the payment options section of this form.

- I will be attending the conference and have included my generous, tax-deductible scholarship contribution of \$ _____ with my registration fee.
- I cannot attend the conference but would like to make a tax-deductible contribution of \$ _____ to the Scholarship Program.

PAYMENT OPTIONS

- I have enclosed a check payable to WFLC in the amount of \$ _____.
- Please Charge my Mastercard/Visa Credit Card \$ _____.
- Acct. Number: _____ Exp. Date: _____ Security Code _____
- Cardholder Signature: _____

Scholarships are available, contact WFLC for more information.

PLEASE MAIL, FAX OR PHONE YOUR REGISTRATION TO:

WOMEN & FAMILY LIFE CENTER

96 Fair Street • Guilford, CT • 06437 • Fax: (203)458-0616 • Phone: (203)458-6699