

**LEADERSHIP, LEGACY, AND COMMUNITY**  
**A RETREAT TO ADVANCE MATERNAL AND CHILD HEALTH SCHOLARSHIP AND PRACTICE**  
**JULY 20-22, 2009**

**REGISTRATION FORM**

Retreat registration is limited to a maximum of 100 registrations! Please register early! You may use this form and mail it to us with your payment or complete the online registration form at [www.regonline.com/mchatuic](http://www.regonline.com/mchatuic).

**NOTE:** *Participation in this Retreat requires a commitment to attending, in full if at all possible, the entire Retreat starting on Monday afternoon and concluding on Wednesday after lunch.*

PLEASE TYPE OR PRINT CLEARLY

NAME (Include Credentials): \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP, COUNTY: \_\_\_\_\_  
 PHONE, FAX, EMAIL: \_\_\_\_\_

**Please check all that apply (NOTE: If you require a vegetarian meal, it must be indicated here):**

- SPEAKER                       NEED VEGETARIAN MEALS  
 SPECIAL NEEDS: \_\_\_\_\_

**FEES**

**The registration fee includes the Retreat program, all session handouts, and meals (breakfast, lunch).**

| REGISTRATION TYPE                                       | FULL RETREAT | TOTAL AMOUNT DUE |
|---|--------------|------------------|
| <i>Early-Bird</i> ( June 21 or Sooner)                  | \$295        |                  |
| <i>Late Registration</i> (June 22 or Later)             | \$395        |                  |
| <i>Student</i> (must include copy of valid student ID). | \$150        |                  |

**HOTEL**

For our planning purposes, please indicate if you plan to stay at the Hyatt Lodge on the following nights (CIRCLE ALL THAT APPLY or place a check in the *no room required* box if you will not be staying at the Lodge).

|                  |     |    |
|------------------|-----|----|
| Sunday, July 19  | YES | NO |
| Monday, July 20  | YES | NO |
| Tuesday, July 21 | YES | NO |
| No room required |     |    |

**ATTENDANCE**

**Please indicate the meals you plan to attend (Check ALL that apply)**

| DAY                | BREAKFAST | LUNCH |
|--------------------|-----------|-------|
| Tuesday, July 21   |           |       |
| Wednesday, July 22 |           |       |

**Please indicate if you plan to attend the Monday evening reception (July 20). (Circle One)**

|                    |                             |
|--------------------|-----------------------------|
| Yes, I will attend | No, I do not plan to attend |
|--------------------|-----------------------------|

**RETURN THIS FORM & PAYMENT TO:** Kris Risley, MCH Program, School of Public Health, University of Illinois at Chicago, 1603 W. Taylor Street, MC 923, Chicago, IL 60612. Make checks payable to **The University of Illinois**. You may prefer to register and pay by credit card online at [www.regonline.com/mchatuic](http://www.regonline.com/mchatuic).

Email: [kyrisley@uic.edu](mailto:kyrisley@uic.edu), Phone: 312-996-2875. Cancellations prior to June 22, 2009 will receive a full refund minus a \$50.00 administrative charge. No refunds will be made after June 22, 2009.