URISA’s 2016 GIS and Health Symposium
Hamilton Crowne Plaza, Washington, DC — June 1-3, 2016

Registration Form
Please print/type your information below, or register online at http://www.urisa.org/URISAHealth

First Name __________________________ Last Name __________________________ Certification(s) __________________________

Badge Name Preferred (if other than First Name above) __________________________

Job Title __________________________

Organization __________________________

Is this a □ Home or □ Work Address? __________________________

City __________________________ State/Prov. __________________________ Zip/Postal Code __________________________ Country __________________________

Phone __________________________ Email __________________________

Cancellation & Refund Policy: All cancellations must be received in writing at URISA Headquarters on or before May 2, 2016, in order to receive a refund, less a $100 processing fee (a $25 fee for cancelled workshop registrations). No refunds after May 2. Remember to contact the hotel directly if you need to cancel your accommodations.

Required: I have read and will abide by the URISA Code of Conduct: □ Yes □ No

| SYMPOSIUM REGISTRATION FEES | EARLY RATE (postmarked on or before May 2, 2016) | REGULAR RATE (May 3-May 27, 2016) | ALL FEES ARE IN US DOLLARS.
|-------------------------------|---------------------------------|-------------------------------|----------------------------------
| URISA and/or APHA Member      | □ $350                          | □ $450                        | Full Registration includes Proceedings, Networking Reception, one luncheon and coffee breaks. Attendance at a pre-event workshop requires an additional fee. After May 27 and onsite registration fees increase by $50.
| Nonmember                    | □ $450                          | □ $550                        | A single day registration fee includes the Proceedings, attendance at the educational sessions and events for that day only.
| Student (must provide proof of full-time student status) | □ $75                          | □ $75                         |
| ONE-DAY REGISTRATION (There is no one-day registration option for students) | □ $200 (early rate) | □ $250 (regular rate) |

Indicate the one day you will be attending:

□ Thursday, June 2 □ Friday, June 3

Payment Information — ALL registrations must be paid in full by the time of the conference. Make checks payable to URISA. All amounts are in U.S. Dollars.

□ Check enclosed Credit Card: □ American Express □ Visa □ MasterCard

Card # __________________________

Expiration Date: __________________________

Name on Card: __________________________

Signature: __________________________

Are you a presenter at the GIS and Health Symposium? □ Yes □ No

□ Check here if you have any disabilities that may keep you from participating fully in the Symposium.

A staff member will contact you to discuss your specific need.

Send registration form and payment (make check payable to URISA in U.S. Dollars) to:
URISA, PO Box 1247, Bedford Park, IL  60499-1247 USA

If paying with credit card, fax registration form to (847) 824-6363.

Questions? Call (847) 824-6300 or e-mail info@urisa.org

Register online at http://www.urisa.org/URISAHealth