13TH ANNUAL NCHPEG MEETING – HYATT REGENCY BETHESDA – BETHESDA, MARYLAND

NATIONAL COALITION FOR HEALTH PROFESSIONAL EDUCATION IN GENETICS (NCHPEG)

# REGISTRATION FORM

**Please Type or Print Clearly!**

Please register the following participant for the 13th Annual NCHPEG Meeting September 23-24, 2010 at the Hyatt Regency Bethesda in Bethesda, MD.

Name: _____ Degree(s): _____

Organization: _____
*(will be printed on badge)*

Your Mailing Address: _____
*(will be used for participant list)*

_____

City: _____ State:_____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Preferred name on badge: _____
(first last)

**Registration Fee Schedule**

**Non Members:** **$175 before August 25th**☐ **$225 after August 25th, 2010**

**Students:** **$100**

Please check choice of payment. (Make check payable to: NCHPEG)

Form of Payment: Check Enclosed Visa MasterCard

Card Number: _____ Exp. Date: _____

Print Full Name on Card: _____

Billing Address for Credit Card:_____

Cardholder Signature:_____ Date: _____
*Signature authorizes LCLM to charge conference registration fee.*

**Special Requests:**

What special accommodations do you require?

_____

What dietary restrictions (e.g., vegetarian, kosher) do you have?

_____

**To make your hotel reservation please go to www.nchpeg.org and click on NCHPEG 13th Annual Meeting - Hotel Reservation**

Hyatt Regency Bethesda
7400 Wisconsin Ave.
1 Bethesda Metro Center
Bethesda, Maryland 20814
Phone: 301- 822-9200 or 800-228-9290

Single room $229.00 per night,

**Hotel deadline: August, 31, 2010**

If dialing the hotel directly, mention the NCHPEG Meeting, September 23 – 24, 2010

**Please return this form via mail or fax to:**

NCHPEG
Attn: Dolores Astroth
2360 W. Joppa Road, Suite 320, Lutherville, MD 21093
Telephone: 410-583-0600 Fax: 410-583-0520 E-mail: dastroth@nchpeg.org