



--- Registration Form ---

[Please print and submit this form for each participant]

REGIONAL SYMPOSIUM ON HEALTH CARE AND QUALITY OF LIFE

Friday, March 2, 2007 at the Capital Union Building, Penn State Harrisburg

Name: _____
Title: _____
Organization: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Registration Fee	
_____ \$30 – Regular Registration	
_____ \$10 - Student Registration	
 Payment Method	
_____ Check enclosed	
_____ Pay at the door	

Please indicate special needs for which you may require assistance:
 Hearing Impaired Wheelchair Access
 Visually Impaired Other (Please specify) _____

Send or Fax Form to: Institute of State and Regional Affairs
 Penn State Harrisburg
 777 West Harrisburg Pike
 Middletown, PA 17057
 717/948-6306

For additional questions, please call 717/948-6178 or Email edrtc@psu.edu