

___ Yes, I want to attend Health on the Homefront!

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

(copy this form for additional registrants)

Please select the breakout sessions you wish to attend.

<i>Conference tracks:</i>	<i>Public Health Practitioners</i>	<i>Primary Care Practitioners</i>	<i>Behavioral Health Practitioners</i>
Monday, 9:40 a.m. (0940)	___ 2. Mission Critical	___ 3. Physical Medicine and Rehabilitation	___ 4. PTSD
11:05 a.m. (1105)	___ 5. Formation of a Wounded, Ill, and Injured Registry	___ 6. Special Considerations for Clinicians Serving Member of the Military and Their Families	___ 7. Family Matters: Examining Mental Healthcare Utilization among Navy Beneficiaries
12:50 p.m. (1250)	___ 8. Impact of Contaminated Water	___ 9. Traumatic Brain Injury Surveillance	___ 10. Empowerment for Recovery
2:00 p.m. (1400)	___ 11. Malaria Incidence	___ 12. Mental Health Access to Care	___ 13. Tragedy Assistance Program
3:20 p.m. (1520)	___ 14. Healthcare-Associated Multidrug-Resistant Organism Infections	___ 15. Assessing Resource Demand for Mild Traumatic Brain Injury	___ 16. Mental Health First Aid
Tuesday, 10:55 a.m. (1055)	___ 20. Veterans and Broadband Access	___ 21. Integration of Primary Care & Mental Health Services	___ 22. Traumatic Brain Injury and Challenging Behaviors
12:45 p.m. (1245)	___ 23. Housing Issues	___ 24. Sustaining Quality of Life for Sailors and their Families	___ 25. Substance Abuse Cessation
1:55 p.m. (1355)	___ 26. Driving Policy Through Evidence-Based Analysis	___ 27. Women's Health at the Department of Veteran's Affairs	___ 28. Attempted Suicides in the US Marine Corps

___ VAPHA Member fee \$120.00 (\$150 after June 2nd)

___ Nonmember fee \$155.00 – includes one year-membership in VAPHA (\$185.00 after June 2nd)

___ Student fee \$65.00 (\$95.00 after June 2nd)

One-day registrations are also available. Call for details.

Payment Information

Return this form with checks made payable to Virginia Public Health Association (or VAPHA) to 2415-B Westwood Avenue, Richmond, VA 23230, or complete the credit card payment information below and return by fax to 804-288-3551 or by e-mail to mary.kidd@vapha.org. A credit card receipt will be e-mailed to the address provided above. VAPHA accepts American Express, Discover, MasterCard and VISA.

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Customer Verification #: _____

(from back of card)

Signature: _____