



3RD ANNUAL ARIZONA ADOLESCENT AND ADULT VACCINE SYMPOSIUM

SEPTEMBER 25, 2008
BLACK CANYON CONFERENCE CENTER

Registration Form

Please **PRINT** all information

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail Address _____

I am a/an (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Physician (specialty) _____ | <input type="checkbox"/> RN |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Nurse Practitioner _____ |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> LPN |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Clinic Nurse _____ |
| <input type="checkbox"/> Immunization Manager | <input type="checkbox"/> School Nurse _____ |
| <input type="checkbox"/> Emergency Med Tech | <input type="checkbox"/> School Nurse _____ |
| <input type="checkbox"/> PharmD | <input type="checkbox"/> Health Educator _____ |
| | <input type="checkbox"/> Lab Technician _____ |
| | <input type="checkbox"/> Exec Director _____ |
| | <input type="checkbox"/> Student _____ |
| | <input type="checkbox"/> Other (specify) _____ |

Conference Fee: \$95.00 per person through 9/12/08 - \$110.00 per person after 9/12/08

The Arizona Partnership for Immunization (TAPI) tax ID # is 86-0494702

Conference fee includes registration, lunch and educational materials

Please contact Clare Crosby on (602) 364 3635 if you do not receive written confirmation via mail within 3 weeks of receipt of registration and fee (PO)

RN's only: If you wish to receive CEU nursing credit you must provide your nursing license number:

Payment: P.O. # _____ Check # _____

Please make check payable to: TAPI (The Arizona Partnership for Immunization)

Mail Registration and Payment to:
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233

Questions? Phone: 602-364-3635 Email: crosbyc@azdhs.gov

