3rd ANNUAL HEALTH DISPARITIES INSTITUTE REGISTRATION FORM

Payment is due at the time of Registration. Please fill out Form and return (payment must be received by 9/30/2010 to avoid late payment).

NAME_______________________________________________________ ______________________________________________
   Last            First                                         M.I.

LIST DEGREE(S) ___________________________________________________________________________________________

INSTITUTION NAME (If applicable)________________________________________________________________________ _____

BUSINESS NAME (If applicable)_______________________________________________________________________________

NAME TO APPEAR ON BADGE________________________________________________________________________________

GENDER             Male  Female

ETHNICITY             Black                     African-American             American Indian or Alaskan Native
      White               Hispanic or Latino           Asian                     Native Hawaiian/Other Pacific Islander
      Other (Specify)  __________________________________________________ ______________________________________

MAILING ADDRESS__________________________________________________________ _______________________________
   PO Box or Street                                                                                  City
   ____________________________________________________________________________________________________________
   State                                                             Zip                         E-mail Address
   This Address is       Business              Home

Day Phone ( ) __________-________________       Ext. __________
Evening Phone (             ) __________-________________       Fax (             ) __________-_______________

REGISTRATION FEES due by 9/30/2010 Check ✓ LATE/ON-SITE REGISTRATION FEES after 9/30/10 Check ✓

| Both Days 10/21-22/2010 | USD$150.00 | Both Days 10/215-22/2010 | USD$160.00 |
| Day One 10/21/2010      | USD$75.00  | Day One 10/21/2010       | USD$85.00  |
| Day Two 10/22/2010      | USD$75.00  | Day Two 10/22/2010       | USD$85.00  |

TOTAL PAYMENT                USD$________________

CHOOSE PAYMENT METHOD

☐ Check (No. _______________)
☐ Money Order
☐ Government PO (No. _______________)
☐ UVI Inter-Departmental Requisition (No. _______________)
✓ Make payable to University of the Virgin Islands-CERC

Card Number _______________________________________________ Expiration Date ____/_____
Authorized Signature ________________________________________ Date _____/_____/

If NOT Completing On-line Mail Registration To:
   University of the Virgin Islands
   Attn.: Mrs. Lorna J. Williams-Sutton
   School of Nursing – CERC Annual Institute
   #2 John Brewers Bay
   St. Thomas, VI 00802-9990

“State of Mental Health & Substance Abuse: An Issue For All Ethnic/Minority and Caribbean Populations”