



2011 Ohio Asian American Health Conference
'Educating Communities for Healthier Tomorrow'

Conference Registration Form

Last Name First Name
Address
City State Zip
Telephone e-mail address
Specialty/Profession
Credentials
Organization
Please advise us of any special needs or requirements:

Which days do you plan to attend?
Friday Saturday Both

Please indicate your workshop selections: (one per time frame)

11:15am. - 12:15pm 1A 1B 1C
1:15pm. - 2:15pm 2A 2B 2C

Table with 2 columns: Category (Registration, Health Care professionals, Community members, Students) and Price (\$0, \$20, \$20, \$10)

Need Hotel reservation: If yes, write the day and date: June 24, 2011 June 25, 2011

Please make check payable to:

OAAHC
mail this form with payment to:
P O Box 183108
660 Ackerman Road, First Floor
Columbus, Ohio 43202-4500
msankarappa@oahcoalition.org

VISION: To improve the quality of life of Ohio Asian American Pacific Islanders