

# Registration Form

Friday, March 19, 2004  
Crowne Plaza Medical Center Hotel  
6701 South Main Street  
Houston, Texas 77030

## Gulf Coast Pediatric Environmental Health Symposium

### PLEASE PRINT

NAME \_\_\_\_\_  
Last First MI

AFFILIATION \_\_\_\_\_

DEGREE(S) \_\_\_\_\_ BAYLOR ALUM  YES  NO

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_  
(for activity-related follow-up, e.g., outcomes assessment)

SPECIALTY \_\_\_\_\_ PROFESSIONAL LICENSE NO. \_\_\_\_\_

INCLUDE ME IN EMAIL NOTIFICATIONS FOR CME ACTIVITIES

### REGISTRATION FEE (please indicate category)

On or Before 2/27/04 After 2/27/04

BCM or UT full-time students*	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00
BCM, TCH, or UT full-time health professionals*	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
Other health professionals	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$100.00
Other interested individuals**	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00

\* VERIFICATION of status must accompany registration.

\*\* A limited number of scholarships are available for need. Contact 713.798.5381 for details.

### PAYMENT METHOD (specify)

Check (in U.S. funds) made payable to Baylor College of Medicine  
 Credit Card  VISA®  MasterCard®  DISCOVER®

CREDIT CARD NUMBER \_\_\_\_\_  
Expiration Date

NAME ON CARD (please print) \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

With credit card payment, you may fax completed registration form to 713.798.7955.

### Return completed registration form and payment to:

Baylor College of Medicine  
Office of Continuing Medical Education (1226)  
P.O. Box 4708  
Houston, Texas 77210-4708

### YOUR REGISTRATION MUST BE PREPAID

Registration fee includes syllabus, continental breakfast, box lunch, and beverages. The booklet, *Putting Children First*, is being provided for each registrant by the U.S. Environmental Protection Agency (Region 6).

Contact OCME if you have any  
ADA accommodation needs.

Please indicate your box  
lunch preference

Vegetarian  Turkey

### FOR OFFICIAL USE ONLY

CK CC LB Cash

Date: \_\_\_\_\_

Amount: \_\_\_\_\_