



Instructions:

Clearly print or type all information.

Once the registration is received you'll be invoiced for the payment.

Mail to: Dr. M. Elaine Cress, 330 River Road, Ramsey, Rm 115, Athens, GA 30602-6554
or fax to: (706) 542-3148 or email to Dr. M. Elaine Cress at mecress@uga.edu

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^ First Name ^ Last Name ^ Highest Degree

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^ Organization ^ Current Position

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^ Indicate Professional training (i.e. health professional, business, academic, etc.)

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^ Address

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^ City ^ State ^ Zip ^ Country

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^ Daytime Phone ^ Fax ^ E-mail

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^ Please indicate plan for intended use of the CS-PFP10 (research, clinical, educational, community)

MEETING REGISTRATION

\$325 for the workshop of which \$150 deposit is due to hold the space
\$175 balance due at the time of the workshop.

\$425 for each set of pre-workshop materials. Number:

Pay for pre-workshop materials at the time of registration.

Materials will be mailed 4 weeks before the workshop.