REGISTRATION FORM

Finding Your Inner Leader:
An "Aha!" Conference to Reach, Rouse, and Ready Future Public and Community Health Leaders

Special Feature: Afternoon Spotlight on Diabetes Leadership Opportunities, Challenges, and Requirements

Friday, June 20, 2008
8:00am – 6:30pm
Kingsborough Community College
2001 Oriental Boulevard, Brooklyn, NY 11235

PLEASE PRINT CLEARLY: Pre-registration information with * will appear in the Participant Roster given to all participants.

First Name* M.I. * Last Name* Degrees/Certifications*

Title/Position*

Organization/Company*

Street Address

City/Borough* State* Zip Code Country

Email* _____ Day Phone* (_____) _____ - _____

Register for 3 workshops, one in each time slot. Follow a Track all the way through or take any workshop you like. *Ensure getting information from all workshops…come as an agency team.* See website (www.kingsboorough.edu/inner_leader) for workshop details.

Audience:	**A. LEADERS-TO-BE**	**B. SUPERVISORS OF LEADERS-TO-BE**	**C. FACULTY & STUDENTS**	**D. DIABETES SPECIALIST**
1. 10:30am:	__A1 Leadership Mindset 1	__B1 Leadership Mindset Overview	__C1 Cultivating Student Leaders	
2. 3:00pm :	__A2 Leadership Mindset 2	__B2 Staff Leadership Development	__C2 Campus-Based Programs	__D1 – Roundtables 1
3. 4:15pm :	__A3 Leadership Challenges	__B3 Sustaining Leadership	__C3 Leadership Service Learning	__D2 – Roundtables 2

Continuing education: Type of credit desired: ___CHES (CHES #: _____) ___CEU – *please note additional fee**

Conference Registration and Continuing Education Fees	**Received Before 5/1**	**After 5/1 Before 6/16**	**On Site 6/20**	**Fee**
Members of co-sponsoring organization/agency…… *Name of co-sponsoring organization (see co-sponsors):*_____	$60	$85	$100	_____
Students and Seniors/Retired…… *Students must attach faculty letter confirming full-time status*	$25	$35	$ 40	_____
All others……	$75	$100	$125	_____
*** Professional continuing education credit processing** (CECH,, CEU):	$10	$10	$ 10	_____
			TOTAL:	_____

Accessibility: ___ Check here for assistance; attach a note about your requirements.

Payment: Please include registration fee and, if appropriate, continuing education processing fee!

PRINT CLEARLY:

Purchase Order #: _____ Check #: _____ Amount: $_____
A copy of the purchase order must be attached for registration to be processed.

Credit Card: ___VISA ___ MasterCard Card #: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Name on Card: _____ PIN #*: _____ Expiration Date: _____/_____
* PIN # is the three digit number on the back of your credit card.

Billing Address: _____

Authorized Signature: _____

Mail: Mail check, money order, or purchase order made out to "GNY-SOPHE" and completed registration form to:
Jean Tyler, Inner Leader, 155 W. 68th St., #1628, NY, NY10023. Make sure name of registrant is written on the check.

Fax: Fax credit card information and/or purchase order and completed registration form to:
Madeline Britt, Inner Leader, Fax: (212) 475-2972