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GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY

Register by Friday, February 10.

CONTACT INFORMATION:			OTHER INFORMATION:
Please print. Do not use abbreviations.			$\hfill \square$ This is my first time attending a GIH annual meeting.
			$\hfill \square$ Please send me information on the GIH Marketplace.
NAME			☐ Please indicate any special needs requiring our attention such as dietary restrictions or disabilities.
BUSINESS TITLE			
ORGANIZATION			
ADDRESS			
CITY	STATE / ZIF	·	
ORG. PHONE			PAYMENT:
ORG. FAX			 Enclosed is my check, made payable to Grantmakers In Health
E-MAIL			☐ Charge to my:☐ American Express☐ Visa☐ MasterCard
WEB ADDRESS This information will be used in meeting materials.			CARD #
DI FACE CION ME UD FOR TU		NWING.	EXPIRATION DATE
PLEASE SIGN ME UP FOR TH Annual Meeting	IE FULLU	IWING:	CARDHOLDER'S NAME (please print)
☐ Funding Partner	\$675	\$	CARDHOLDER'S SIGNATURE
☐ Non-Funding Partner	\$1,150	\$	Your signature indicates agreement to pay the fees with
Late Fee (for registration after Feb. 10)	\$150	\$	the credit card number above.
☐ Additional guest for Thursday Evening Reception	\$50/ guest	\$	BILLING ADDRESS (if different from above)
Guest name:			
Preconference Sessions			
Early Childhood Literacy and Health	\$250	\$	SEND COMPLETED REGISTRATION FORM AND
System Reform to Improve Care	\$250	\$	PAYMENT TO: GIH 2012 Registration c/o Executive Events
Site Visits (limit one per attendee)			6325 Gunpark Drive, Suite C
☐ B'More for Healthy Babies	\$25	\$	Boulder, CO 80301
☐ Chase Brexton Health Center	\$25		Phone: 877.887.7172
_		\$	Fax: 303.530.2691 or 866.483.0164
☐ Mainstreaming CAM☐ Neighborhood Hazards & Healt		\$	Please do not send registration forms or payment to the GIH office in Washington, DC.

Total \$_____