# Group Registration for Organizational Members

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| CCHF Affiliated Organization | | | | | |
| Street Address | | | | | |
| City | | State | | ZIP | |
| Executive Director | | Email | | | |
| Contact Person regarding CCHF Conference | | | | | |
| Phone | | E-mail Address | | | |

**Please list all the people affiliated with your organization that will be attending the CCHF 2010 Conference**

| First Name | Last Name | Email Address | Phone # | Affiliation to your Organization | Staying ON site | Male or Female |
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| Number of Attendees staying | ON site ($280 per person) | ____ | Total Cost $_____ |
| | OFF site ($195 per person) | ____ | |

Please be sure to submit application with check by the deadline, **MAY 7, 2010**. Any registrations submitted after the deadline will not be eligible for the Organizational Membership Discount. If you have any questions please feel free to contact us at (901) 271-6400 or info@cchfmail.org. You are a valuable part of our organization and we are so glad you will be participating in our conference this year. Thank you! See you in May!