



Attendee Registration 2016 CMV

September 26-27,
2016 Austin, Texas
cmvconference.org

Early rates good through August 1, 2016.

Late rates: August 1-September 22. Onsite registration available September 26-27.

Name: _____

Credentials: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

Fax: _____

Email: _____

Physicians & University Faculty Early: \$225 Late: \$275

Other Professionals Early: \$ 100 Late: \$150

Parents & Students Early: \$50 Late: \$100

I am a physician applying for Continuing Medical Education (CME) \$50

Instructional Pre-session:

Biology of the CMV Virus: Sunday 25, 10-12p.m. \$25

Raising Awareness of CMV Through Legislation and Educational

Campaigns Sunday, September 25 1-3p.m. \$25

Developing a Hearing Targeted Early Cytomegalovirus Screening Program
in Your Hospital or Your State: Sunday, September 25 3-5p.m. \$25

TO REGISTER: Must be submitted by Sept 22, 2016

1. Register online at: **cmvconference.org**
2. Send in this completed form with payment: MAIL:

Emma Eccles Early Childhood Education and Research Center (ECERC)
2615 Old Main Hill - Logan UT 84322-2615

FAX: 435-797-3816 (24 Hours)

PHONE: 435-797-3490

E-MAIL: info@cmvconference.org

Confirmations will be e-mailed within 5 business days of receipt of registration.

Please check all of the following entities that you represent:

- | | |
|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> Advocacy Group | <input type="checkbox"/> Hospital/Birthing Center |
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Student | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> University | <input type="checkbox"/> State Education Agency |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Part C Agency/Program |
| <input type="checkbox"/> Early Intervention Provider | |
| <input type="checkbox"/> Family of a child with CMV | |
| <input type="checkbox"/> Other, Please Specify: _____ | |

SPECIAL NEEDS

Notice of any special needs must be provided by August 15, 2016 in order to be accommodated.

- Please specify any reasonable accommodations for persons with disabilities: _____
- Please specify any required special dietary needs:
- Vegetarian
 - Vegan
 - Gluten Free
 - Allergy/Other – please specify: _____

A **participant list** with contact information will be provided to meeting attendees only to enable networking opportunities and will not be distributed in any other way.

- Yes, my contact info may be printed on the participant list.
- No, do not print my contact info on the participant list.

METHOD OF PAYMENT

Full Payment is required with Registration (*check one*)

CMV MEETING REGISTRATION: \$ _____

- Check payable to: **Utah State University/NCHAM**
- Purchase order # _____ (please attach copy)

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a \$25 processing fee. Written cancellation requests must be post-marked on or before September 1, 2016. No refunds will be made after that date. Substitutions are welcome at no charge (if additional payment processing is required, a \$25 processing fee will apply).

I have read and agree to the CMV Conference Cancellation & Refund Policy: (required)