

Expanding the Role of Promotores/Community Health Workers in Patient-Centered Care
Encuentro de Promotores: Promoviendo la Atención Centrada al Paciente
REGISTRATION INFORMATION/REGISTRO

Registration Fee	Prior to July 20	After July 20
Promotores/Community Health Workers/Instructors*	\$40.00	\$45.00
Health Professionals, Sponsor Faculty/Staff,	\$80.00	\$80.00
Students / Trainees	\$10.00	\$15.00

Registration fees include the following: 8 CEU credits, course syllabus/abstracts and materials, coffee breaks, conference breakfast/snacks and social events. *Registro incluye el curso de crédito continuo, desayuno y bocaditos, cafecitos y recepción.* **DEADLINE July 20, 2017**

Cancellation Policy: Written notification of cancellation must be received **prior to July 20, 2017** to obtain a partial refund of fee (a \$40.00 administrative fee is retained); thereafter no refunds will be made. *Si cancelan después del 20 de julio, se le cobra \$40 para gastos administrativos.*

***Scholarships:** Limited quantities available for Promotores/Community Health Workers to cover hotel for those living more than 200 miles. Contact Venus (*Tenemos becas para el hotel hasta 15 de julio*)
 Deadline July 15, 2017

Symposium Information Contact: Venus Ginés, txpchw2011@gmail.com

~~Maximum attendance is expected. Please register early to assure space! Registrasen pronto~~

REGISTRATION FORM –Please type or print legibly – Favor de escribir legible

Name /Nombre		
Promotor (a) /Community Health Worker Yes/Si____ No____ Instructor (a) Yes/Si____ No____		
Organization/Institution/Association /Association/Organización/Asociación		
Address /Dirección		
City /Ciudad	State /Estado	Zip /Código Postal
Office Phone/Teléfono	Fax	E-Mail /Correo Electrónico
Specialty		Certification #

Please indicate:

- Promotor (a)/Community Health Worker
- Healthcare Administrator
- Faculty/Staff (specify)
- Health Professional (specify)
- Student/Trainee:
- Pre/Post Doc
- Other _____

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