

**The 2006 Winter Public Health Institute  
University of Florida and University of Minnesota  
January 2-7, 2006**

**REGISTRATION**

Name \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Type of credit selected for course registration (see page 10)

- Continuing Education Units  
 Graduate Level Academic Credit - Degree Seeking Student  
 I am currently enrolled in an academic program at the \_\_\_\_ University of Florida \_\_\_\_ University of Minnesota  
 Graduate Level Academic Credit - Non-Degree Seeking Student

Select the course(s) you wish to attend:

<b>Course Title</b>		<b># of credit</b>	<b># CEUs</b>	<b>Tuition/Fees</b>
<input type="checkbox"/> PubH 7200-001	Avian Influenza: Emerging Infectious Disease	1	1.5	\$ 590
<input type="checkbox"/> PubH 7200-002	Behavioral Health in Terrorism and Disasters	1	1.5	\$ 590
<input type="checkbox"/> PubH 7200-003	Field Investigator Response Surveillance	1	1.5	\$ 590
<input type="checkbox"/> PHC 6937	International Health: Historical Roots	1	1.6	\$ 590
<input type="checkbox"/> PHC 6937	Public Health and Aging	1	1.6	\$ 590
<input type="checkbox"/> PubH 7214	Risk Communication and Food Safety	1.5	2.3	\$ 885
<input type="checkbox"/> PHC 6937	Theory and Methods in Public Health Disability Research	2	3.2	\$1180

**Workshop/Field Trip Title**

- |  |   |    |        |
|--|---|----|--------|
| <input type="checkbox"/> Aging: Best Practices and Community Symposium           | 0 | .8 | \$ 295 |
| <input type="checkbox"/> Animals and Humans: Living Together, Helping Each Other | 0 | .8 | \$ 295 |

Total payment enclosed \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: University of Minnesota/CPHEO**

**CHARGE TO:**

Company purchase order \_\_\_\_\_

Visa       Mastercard Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Today's date \_\_\_\_\_

Mail to: CPHEO  
 Attn: Registrar  
 University of Minnesota School of Public Health  
 2221 University Avenue SE, Suite 350  
 Mpls, MN 55414

**PAYMENT**

Fax to: 612.626.4525  
 Register online at: [www.publichealthplanet.org](http://www.publichealthplanet.org)

**Questions? 612.626.4515**