



Pre-Registration Form

The Institute for the Advancement of Multicultural & Minority Medicine
Mini Health Summit and Town Hall Meeting

Good Health: Your Right, Your Choice

Saturday, June 25, 2005
Emory Conference Center
1615 Clifton Rd, Atlanta, GA 30329

The Summit is presented as a community service. Registration is free.

PLEASE PRINT CLEARLY

NAME _____
(Last) (First) (MI)

Are you a...? (Please check all that apply)

- Health Care Professional Type/Specialty_____
- Educator School/Institution_____
- Student School/Institution_____
- Community Resident
- Other Specify _____

Please indicate how many people will accompany you: _____

How many people will be attending lunch? _____

Please provide preferred contact information

Organization/Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

How did you hear about the Atlanta health summit? Radio Website T.V.

Program/Organization School/College Other _____

Please fax your registration form by **June 17** to Gayle Cody at 202-667-6156 or email to GCody@iammm.org.
Call 1-866-94-IAMMM (toll free) for additional information