

# “Putting the Pieces Together”

## Registration Form

First:

Last:

Organization:

Address:

City:

State:

ZIP code:

Telephone:

Fax:

Cell:

E-mail:

Other:

Thirty dollar (\$30) registration fee includes lunch of choice and multi-media packages. Registration form must be postmarked by **January 31, 2009**.

### Lunch Option:

Turkey sandwich meal, includes chips and beverage

Vegetarian sandwich meal, includes chips and beverage

### Location:

Los Angeles - March 10, 2009: The California Endowment

Sacramento - March 23, 2009: DoubleTree Hotel

### Payment Method:

Visa

MasterCard

Discover

American Express

Check *(Please make checks payable to the **Office of Statewide Health Planning and Development**.  
Please note all returned checks will incur a \$15 fee).*

Cardholder Name:

Amount:

Account Number:

Expiration Date:

Billing Address:

City:

State:

ZIP code:

Phone Number:

Signature:

Please mail completed registration form to:

**Office of Statewide Health Planning and Development  
Administrative Services Division – Accounting  
400 R Street, Suite 359  
Sacramento, CA 95811**

Completed forms can also be **faxed** to **916-322-2527**, Attention: **Jacque Hicks-Johnson**.

**For more information, please contact David Byrnes at (916) 326-3606, or Latda Vongmany at (916) 326-3897.**