

Sixth National Environmental Public Health Conference
December 3 – 5, 2003
Atlanta, Georgia

NO registration fees are required!

Registration Information:

First Name: _____ MI: _____ Last Name: _____

Degrees: _____

Preferred Badge Name:

Position/Title: _____

Organization _____
(No acronyms please)

Address _____

City: _____ State: _____ Zip Code: _____

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Please mail or fax this form to:

Professional and Scientific Associates, Attn: Luschane Norris, CMP, 2957 Clairmont Road,
NE, Suite 480, Atlanta, Georgia 30329; Phone: 404/633-6869; Fax: 404/633-6477

**HOTEL RESERVATIONS MUST BE MADE SEPARATELY BY
NOVEMBER 7, 2003!**