

## CONFERENCE REGISTRATION

### *VOLUNTEER HEALTHCARE PROFESSIONALS*

If you are a healthcare professional, student, or parent and would like to volunteer your time to this conference as a speaker, exhibitor or round table discussion participant; please email Cornell Wright, Project Coordinator, Center for Health and Healing at [cornell.wright@c4hh.org](mailto:cornell.wright@c4hh.org) or call (866) 972-6374 ext. 6.

### REGISTRATION FORM

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Last Name	First Name	MI
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(Student, Parent/Guardian/Volunteer)

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School	Grade
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Home Address

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City	State	Zip Code
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Home Phone	Cell Phone
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Parent/Guardian Name	Parent Work Phone
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Student/Parent/Volunteer E-mail Address

**Registration Fee:** No Charge

**Pre-registration preferred by:** September 30, 2008

**Mail:**

Center for Health and Healing  
Minority Health Careers Initiative (MHCI)  
200 Meredith Drive, Suite 103  
Durham, NC 27713

**Fax:** 919-484-4826

**For More Information Contact:**

Cornell Wright, MHCI Project Coordinator  
[cornell.wright@c4hh.org](mailto:cornell.wright@c4hh.org)  
(866) 972-6374 ext. 6 (toll free)  
[www.c4hh.org](http://www.c4hh.org)