



AIRA Pre-Conference Workshop
October 26, 2003
2003 Immunization Registry Conference
Crowne Plaza Ravinia Hotel
4355 Ashford-Dunwoody Road
Atlanta, GA 30346

Pre-Conference Workshop Registration

Name: _____
Title: _____
Organization/Company: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
AIRA Member (Check one) YES ? NO ?
Number of Years Working with Registries: _____

Workshop Choices:

Please check the appropriate box to indicate your choice of workshops. If you select **BOTH** workshops and **are a member of AIRA**, you will receive a **discount**. Workshops will be held at the Crowne Plaza Ravinia Hotel 4355 Ashford-Dunwoody Road Atlanta, GA 30346

Achieving Quality and Completeness of Registry Data: *Methods & Techniques.*
Sunday, October 26, 2003: 12 noon - 3:00 p.m. (Lunch and workbook included).

Building Provider Partnerships: *Using Marketing Strategies to Promote Your Registry.*
Sunday, October 26, 2003: 3:00 p.m - 6:00 p.m. (Refreshments and workbook included).

Registration Fees:

AIRA Members (dues current) \$75 one workshop \$100 two workshops

**AIRA Members (dues not current) &
Non-Members \$125 one workshop \$175 two workshops**

Please Note: You have time to renew or become a member before the October 2003 workshops and receive the member discount as noted above. Go to www.immregistries.org and click on membership to get all the information you need about how to become a member and/or to renew your membership.

Enclosed is a check and/or money order made out to **AIRA/MHRA Workshop Registration** in the amount of \$_____.

Please return this form, with your check or money order to:

AIRA Workshop Registration
NYC Department of Health and Mental Hygiene
c/o Citywide Immunization Registry
125 Worth Street, CN 64R, New York, NY 10013
ATTN: Aurora Oliva