



# 6<sup>th</sup> Annual Texas Conference on Health Disparities An Eye Towards the Future

June 16 & 17, 2011  
Fort Worth, Texas

## REGISTRATION FORM

### Registration Information

Name:			
Title:			
Institution:			
Address:	City:	State:	Zip:
Phone:	Email:		

### Credit & Registration Fees

Credit Seeking	Registration Fees
<input type="checkbox"/> Physician	<input type="checkbox"/> Registration - \$99
<input type="checkbox"/> Nursing	<input type="checkbox"/> UNTHSC Faculty/Staff - \$49 – IDT Number:
<input type="checkbox"/> NP/PA	<input type="checkbox"/> Student - \$49
<input type="checkbox"/> CHES	<input type="checkbox"/> Members of non-profit organizations - \$49 <sup>‡</sup>
<input type="checkbox"/> None	<input type="checkbox"/> UNTHSC Students Enrolled for Summer - \$0*
<b>Enclosed Amount \$</b>	

\*Note: In order to be waived of the registration fees, UNTHSC students **MUST** be enrolled for the 1 hour Health Disparity Course (BMSC 5390 or EPID 5391).

### Scholarship

<sup>‡</sup>A limited number of scholarships are available for community members and staff and/or consumers of non-profits. Please contact Dawn Dickerson-Sankofa at (817) 321-5382 or [djdickerson@tarrantcounty.com](mailto:djdickerson@tarrantcounty.com) by Friday, June 3, 2011.

### Payment Method

- Check enclosed (payable to "UNTHSC/PACE")  
Mail to: PACE Office, 3500 Camp Bowie Blvd., Fort Worth, TX, 76107
- MasterCard  VISA  American Express

### Credit Card Information

Name on Card: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Total Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

### Please complete this form and:

**Fax:** (817) 735-2598  
**Call:** Carol Scott at (817) 735-2598  
**Mail:** UNT Health Science Center  
 PACE Office  
 3500 Camp Bowie Blvd.  
 Fort Worth, TX 76107

