

**UMass-Simmons School Health Institute  
Summer Institute 2005**

**Registration Form**

Cape Codder Resort, Hyannis, MA

Name \_\_\_\_\_

\*Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

School District or Organization \_\_\_\_\_

Business Telephone \_\_\_\_\_

\*Birth date \_\_\_\_\_

Email address \_\_\_\_\_

Summer Institute Fee      \$140.00 \$ \_\_\_\_\_  
 Registration Fee (required)      \$5.00 \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Check Method of Payment:**

Check or purchase order, payable to:  
UMass Division of Continuing Education #307078  
 MasterCard       Visa       Discover  
Expiration Date \_\_\_\_\_

Credit card # \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Please check the box below and notify us if you require accommodations to fully participate in the conference, such as an ASL interpreter, or materials in alternative formats.

(please specify) \_\_\_\_\_

\*Social Security Number or Birth date **MUST** be included.

**Send registrations to:**

**School Health Institute, Registration Office, Division of Continuing Education,  
University of Massachusetts, 100 Venture Way, Suite 201, Hadley, MA, 01003-9296  
Make checks payable to UMass Division of Continuing Education #307078  
Or fax to (413-545-0513) using MasterCard, Visa, or Discover.**

**Registrations must be received by June 22, 2005**