

**PUBLIC HEALTH DATA STANDARDS CONSORTIUM
2008 ANNUAL BUSINESS MEETING**

November 12-13, 2008

**Convened in Partnership with the
National Center for Health Statistics
3311 Toledo Road, Hyattsville, MD 20782**

Registration Form

(please print)

Name: _____ **Degree:** _____

First

Last

Suffix

Title/Position: _____

Organization: _____

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Street Address

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Phone: _____ **Fax:** _____ **E-Mail:** _____

Registration Fee

(check as applies)



PHDSC Member \$75



Non-Member \$100



Board Meeting Dinner \$55

To pay by **check**: Please make checks payable to the **Public Health Data Standards Consortium** and mail to:

Dr. Anna Orlova, Executive Director
PHDSC c/o Johns Hopkins Bloomberg School of Public Health
624 N. Broadway, Room 325
Baltimore, MD 21205

To pay by **credit card**: Please fax the registration form to (410) 614-3097.

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Please submit the completed registration form to **Anna Orlova** via e-mail aoorlova@jhsph.edu or via fax at (410) 614-3097.