



National Institute for Literacy

Health Literacy Summit

Registration Form

Return this form and the registration fee to: Leah Peterson, World Education, 44 Farnsworth Street, Boston, MA, 02210 or via fax to (617) 482-0617.

Last Name _____ First Name _____ MI _____

Badge Name _____ Job Title _____

Organization Name _____

Street Address _____

Zip _____ City _____ State _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Special Needs _____

Please check all that apply to ensure an accurate number for the meal and materials:

- Both March 25–26
- Lunch March 26 (included with registration fee)
- March 25 only
- Vegetarian meal
- March 26 only
- Other (explain) _____

Registration Fee	Method of Payment
Covers materials and meal (method of payment must accompany registration) <input type="checkbox"/> \$30.00	<input type="checkbox"/> Check, payable to World Education, Inc. <input type="checkbox"/> Credit Card: <input type="radio"/> American Express <input type="radio"/> MasterCard <input type="radio"/> Visa Card Number _____ Expiration Date _____ Name on Card _____ Signature _____ <input type="checkbox"/> Purchase Order P.O. Number _____ Organization _____ P.O. Billing Address _____ _____ P.O. Contact Person _____