

ARTS IN RURAL HEALTHCARE TRAINING

February 10-12, 2010

Apalachicola Center for History, Culture and Art

Registration

Name _____

Organization _____

Mailing Address _____

E-mail _____

Phone _____

Cell-phone _____

Special Needs _____

Registration Fee \$45 per person, includes 2 lunches and coffee, water and pastry/fruit each morning. Limited rooms have been set aside at the Water Street Hotel and Marina, go www.waterstreethotel.com or call 888-211-9239 for reservations.

___ check enclosed(\$ 45), please mail to Ginny Griner,
Weems Memorial Hospital, 135 Avenue D, Apalachicola, FL 32320

___ Charge (\$45) to ___ VISA, ___ Mastercard

Account # _____

Security code (3digits on back of card) _____

Expiration Date _____

Billing Address _____

Signature _____

Fax registration to, 850-653-1879 or copy and paste into an email and send to ggriner@georgeweemshospital.com