

Center of Excellence in Women's Health

(www.wvhealthywomen.org)

Registration Form

Name _____

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

Registration Fee

Registration Fee (check one)

_____ \$50.00 (West Virginia Resident Fee)

_____ \$75.00 (Out of State Resident Fee)

Event Location

_____ Hampshire County (Romney)

_____ Mercer County

_____ Marion County (Fairmont)

_____ Wetzel County

Method of Payment

_____ **Check:** (Make checks payable to: Center of Excellence in Women's Health)

_____ **Credit Card:** _____ VISA _____ MasterCard _____ Discover

Credit Card Number _____ CVV* Code _____ Expiration Date _____

*CVV Code is the second group of 3 or 4 digit numbers in the signature panel on the credit card.

Mail payment with this form to:

ATTN: Betty Critch
Center of Excellence in Women's Health
P.O. Box 9203
Morgantown, WV 26506