Welcome

On behalf of the Illinois Department of Public Health’s Office of Women’s Health (OWH), the Illinois Public Health Association and the 2009 Advisory Committee, I would like to extend an invitation to you to consider being a sponsor, exhibitor and/or attendee to one of the most prestigious conferences about women’s health held in Illinois.

Reaching Illinois women is at the core of every activity conducted by the OWH. The office was established in 1997 and is now one of the largest state offices of its kind in the country. The OWH serves the women and girls of Illinois in several capacities by offering numerous grant and educational programs:

- **Illinois Breast and Cervical Cancer Program** – A statewide program which offers free breast and cervical cancer screenings for all uninsured women older than the age of 35. Uninsured women diagnosed with breast or cervical cancer, whether through the program or outside of the program, may be eligible for free or low-cost treatment through the Illinois Department of Health-care and Family Services.

- **WISEWOMAN Program** – This CDC cardiovascular disease program (CVD) currently funds CVD screening and intervention services in 13 Illinois counties. The program is offered to reduce a woman’s risk for heart disease and promotes a heart healthy lifestyle.

- **Women’s Health Initiative Grant Programs** – The OWH funds a variety of education programs offered through local health departments, not-for-profit community agencies and schools. The programs include multi-week curricula and/or health promotion activities that address cardiovascular disease, osteoporosis, menopause and other health-related issues. The goal is to help women and young girls to change behaviors that can lead to healthier lifestyles.

- **Penny Severns Breast, Cervical and Ovarian Cancer Research Fund** – These grants fund institutional research projects related to investigating causes, prevention and treatment for breast, cervical and/or ovarian cancer.

- **Ticket for the Cure** – Funding for this grant program is provided through the Illinois State Lottery scratch-off ticket, which funds community grant programs as well as breast cancer research grants.

Many of our attendees are recipients of the above programs and are eager to learn about new products, medical technology and devices, pharmaceuticals, nutrition, and the latest therapies and industry advancements that may help them enhance their programs or educate their clientele. We cordially invite you to join these dynamic, influential health professionals as an exhibitor or a sponsor on October 28-29, 2009, at the Illinois Women’s Health Conference to be held at the Oak Brook Hills Marriott Resort.

We look forward to seeing you in October. Don’t miss this opportunity to network with the health care professionals attending the conference.

Shannon Lightner
Deputy Director of Women’s Health

**2009 Advisory Committee**

- Kristen Ball
  Illinois Public Health Association
- Jean Becker
  Illinois Department of Public Health
- Brenda Blasko
  Illinois Department of Public Health
- Sharon Cananiato
  Illinois Nurses Association
- Lesley Craig
  U.S. Department of Health and Human Services
  Office on Women’s Health – Region V
- Cynthia Playton
  Oakton Community College
- Omayra Giachello
  Illinois Department of Public Health
- Sharon Green
  Institute for Women’s Health Research
  Feinberg School of Medicine at Northwestern University
- Stacy Ignoffo
  Respiratory Health Association of Metropolitan Chicago
- Elizabeth Jarvis
  U.S. Department of Health and Human Services
  Building a Healthier Chicago
- Heather Ovras
  American Heart Association
- Shannon Lightner
  Illinois Department of Public Health
- Linda Maricle
  Susan G. Komen for the Cure Peoria Memorial
- Estella Molpeza
  Mujeres Latinas en Acción
- Sarah O’Connor-Bennett
  Illinois Department of Public Health
- Nomathemba Pressley
  American Cancer Society, Illinois Division
- Leticia Reyes
  Illinois Department of Public Health
- Lynette Shaw
  Illinois Department of Public Health
- Kris Zimmermann
  University of Illinois at Chicago

**Location**

Oak Brook Hills Marriott Resort  •  3500 Midwest Road  •  Oak Brook, Illinois 60523

A special hotel room rate of $109 is available for conference attendees, exhibitors and sponsors. The conference room block cut-off date is October 5, 2009. Mention that you are with the Illinois Women’s Health Conference - Illinois Department of Public Health when making your reservation. Phone: 800-228-6090 or 630-850-5555
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2009 Women's Health Conference

Wednesday, October 28, 2009

8 a.m. – 3 p.m. Registration
8:30 a.m. – 3:45 p.m. Exhibits Open – Continental Breakfast
8:30 a.m. – 10 a.m. WELCOME

Damon T. Arnold, M.D., M.P.H., Director of Public Health
Shannon Lightner, Deputy Director, Office of Women’s Health

OPENING SESSION
Cardiovascular Disease in Disparate Populations: The Facts – and What We Should Do
James M. Galtway, M.D., FACP, FACC, FAHA, Assistant U.S. Surgeon General; Acting Health and Human Services Regional Director, Region V; Rear Admiral, U.S. Public Health Service, Regional Health Administrator, Region V

10 a.m. – 10:30 a.m. Health Information Break – Visit Exhibits
10:30 a.m. – 11:30 a.m. Concurrent Workshops – Session A
Workshop 1 Stroke Prevention in Women – Current Approaches
Stacy Tessler Lindau, M.D., University of Chicago Medical Center, Chicago, Illinois

Workshop 2 Breast Cancer – Reconstruction After the Fact
Nicole Z. Sommer, M.D., Southern Illinois University School of Medicine, Springfield, Illinois

Workshop 3 Successful Worksite Wellness to Reduce Risk Factors for Chronic Disease
Jan Morris, M.S., CHES, McLean County Health Department, Bloomington, Illinois

11:30 a.m. – 12:10 p.m. Lunch
12:10 p.m. – 12:50 p.m. Luncheon Presentation (TBD)

1 p.m. – 2 p.m. Concurrent Workshops – Session B
Workshop 4 Benefits of a Fat-modified Diet – Reducing the Risk of Cardiovascular Disease, Obesity and Other Chronic Diseases
Christine Tangney, Ph.D., Department of Clinical Nutrition, Rush University Medical Center, Chicago, Illinois

Workshop 5 Nutrition and Women’s Health – Myths About Health Foods
Mindy Schwartz, M.D., University of Chicago, Chicago, Illinois

Workshop 6 Women’s Sexuality – Everything You Wanted to Know But Were Afraid to Ask
Stacy Tesler Lindau, M.D., University of Chicago Medical Center, Chicago, Illinois

2 p.m. – 2:30 p.m. Health Information Break – Exhibit Room
2:30 p.m. – 3:30 p.m. Concurrent Workshops – Session C
Workshop 7 Auto-Immune Diseases – What We Know Today and What We Can Do
Rosalind Ramsey-Goldman, M.D., Northwestern University, Chicago, Illinois

Workshop 8 STIs in Women

Workshop 9 Women’s Sexuality – Everything You Wanted to Know But Were Afraid to Ask – Repeat of Workshop 6
Stacy Tesler Lindau, M.D., University of Chicago Medical Center, Chicago, Illinois

3:40 p.m. – 4:40 p.m. GENERAL SESSION I – Hearty, Hearty, Heart
Barb Banofar, R.N., M.S.N., P.N.P.

Barb Banofar is a widely acclaimed national speaker, noted for her humorous, entertaining and information packed seminars. Banofar is the author of "Medical Minutiae," a humorous look at the fields of medicine and nursing, "An Apple a Day: The ABCs of Diet and Disease," and the newest release titled "Live a Little, Laugh a Lot" (August 2003). She is currently working on "Bite Me: The ABCs of Bites and Disease" and "Shampoos, Tattoos and Barbeques: The ABC’s of Infectious Disease."

5 p.m. Zumba (optional)

2009 Women’s Health Conference

Thursday, October 29, 2009

6:30 a.m. – 7:15 a.m. Yoga (optional)
7:30 a.m. – 9 a.m. Registration
7:30 a.m. – 8:30 a.m. Breakfast Symposium (Presentation begins 7:45 a.m.)
H1N1 – A Real Public Health Concern (TBD)

8 a.m. – 9:45 a.m. Illinois Breast and Cervical Cancer Program Meeting

8:45 a.m. – 9:45 a.m. Pre-Conference Workshop
Techniques Needed to Beat the Competition and Get the Grant Award (TBD)

9:45 a.m. – 10:15 a.m. Break and Hotel Check Out

10:15 a.m. – 11:45 a.m. GENERAL SESSION II – In the Family – Film Presentation and Panel Discussion

Emmy nominated film in the Family is a groundbreaking investigation that attempts to answer the question: "How much do you sacrifice to survive?" Armed with a positive genetic test result that leaves her essentially "a ticking time bomb," filmmaker Joanna Rudnick faces an impossible decision: remove her breasts and ovaries or risk incredible odds of developing cancer. Turning the camera on herself, Rudnick bares her conflicting emotions about preventive surgery and the potential consequences. Turning the camera on her new relationship, she and her partner capture a young couple falling in love in the shadow of the mutation. Turning the camera on the company that owns the patents to the breast cancer susceptibility genes, she questions its control over access to the test. Along the way, she looks to other women and families dealing with the same unbelievable information.

11:45 a.m. – 12:45 p.m. Lunch
12:45 p.m. – 1:45 p.m. Concurrent Workshop Session D
Workshop 10 These Stressful Times – Understanding How to Cope (TBD)
Workshop 11 Smoking Cessation in Women – Is it Working and What are the Facts
Andrea King, Ph.D., University of Chicago, Chicago, Illinois

Workshop 12 Techniques Needed to Beat the Competition and Get the Grant Award (TBD)

1:45 p.m. – 2 p.m. Break

2 p.m. – 3 p.m. CLOSING SESSION
Pam Peake, M.D., M.P.H., FACP
Dr. Pamela Peake is an internationally recognized expert, physician, scientist and author in the fields of nutrition, stress, fitness and public health. Serving as chief medical correspondent for Discovery Health TV, Dr. Peake is featured on the award winning “National Body Challenge” series and is the host of the “Could You Survive?” series. The multimedia healthy lifestyle program “Everyday Fitness With Dr. Pam Peake,” is available online to 50 million unique Web site users at WebMD.com.

Dr. Peake’s national bestselling books include “Fight Fat after Forty,” “Body for Life for Women” and “Fit to Live.” The American College of Sports Medicine named Dr. Peake their spokesperson for its global initiative, Exercise Is Medicine, and she has been recognized by the National Library of Medicine as one of America’s leading physicians.

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### Sponsorship Information

Additional opportunities are available to showcase your service or organization through sponsorships. Sponsorships are awarded on a first-come, first-paid basis. Contact Brenda Blasko at 217-524-1844 if you would like to sponsor an event or item not listed below.

**Sponsorship Benefits**
- One free exhibit table
- Complimentary conference registration (based on sponsorship amount (Gold=4, Silver=3 and Bronze=2))
- Conference signage
- Recognition in the conference program
- Pre- and post-conference recognition
- One set of pre-registered attendee mailing labels upon request
- Recognition in OWH newsletters, Web site and news releases

**Sponsors Available**
- Gold: $5,000 and up
- Silver: $3,000 – $4,999
- Bronze: $1,000 – $2,999

### Exhibitor Information

**Exhibitor Benefits**
- Ability to network with health professionals throughout the Midwest
- Recognition in conference program
- One complimentary conference registration included in exhibitor fee
- Two additional registrations available for exhibiting organization at a reduced rate of $125 each
- Conference signage
- Final attendee roster, including attendee names, specialties and contact information
- Recognition in Office of Women’s Health newsletters, Web site and news releases

**Exhibit Fee – For-profit Organizations**
One, 6-foot skirted table with two chairs .................................................. $350  
Note: $50 discount if contract and payment is received by September 30, 2009.

**Exhibit Fee – Not-for-profit Organizations**
One, 6-foot skirted table with two chairs .................................................. $250  
Note: $50 discount if contract and payment is received by September 30, 2009.

**Table Assignment**
Space is assigned based on receipt of contract and payment. All contracts received with payment will be confirmed with table number on a space available basis. The Office of Women’s Health reserves the right to make assignments or reassignments as necessary.

**Registration**
Exhibitors will be required to register and wear name badges.

**Exhibit Schedule**
- Exhibit Set-Up: Wed., Oct. 28 7:30 a.m. – 8:30 a.m.
- Exhibits Open: Wed., Oct. 28 8:30 a.m. – 4 p.m.
- Dismantling: Wed., Oct. 28 4 p.m.

**Exhibit Shipping, Electricity and Other Items**
Any additional equipment will be contracted and paid for directly through the Oak Brook Hills Marriott Resort. Contact information and forms will be provided with your conference exhibitor kit, which will be mailed to you on September 30, 2009. Shipping and storage information also will be outlined in the exhibitor kit. If electricity is required for your exhibit, please check the appropriate box on the contract and include the extra charge with your payment.

**Continuing Education Credits**
All participants interested in obtaining continuing education credits must visit the continuing education (CE) table and sign in for days attended.

**Registered Nurses**
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals is accredited as provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

**Universal**
One universal training hour (UTh) from Oakton Community College is equal to one 60 minute clock hour.

**LWILCSW and LPC/LPC**
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals has been approved as a sponsor of continuing education in the 2007-2009 renewal period by the Social worker/Clinical Social Worker and the Professional Counselor/Clinical Professional Counselor Licensing Board of the State of Illinois, Department of Financial and Professional Regulation.

**Dietitians**
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals has been approved as a Continuing Professional Education Accredited Provider by the Commission on Dietetic Registration.

**Certified Health Education Specialists**
- Illinois Public Health Association is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing Inc. This program is a designated event for CHES to receive Category I CECH in health education.

**Contract for Exhibit Space, Sponsorship and Advertising**
2009 Women’s Health Conference

Please print all information clearly. Each attending exhibitor MUST complete a registration form as well as the information listed below. The Illinois Public Health Association and the Office of Women’s Health are not responsible for errors made due to illegible writing.

**Check appropriate boxes below:**
- **Exhibit Fee** – For-profit
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- **Exhibit Fee** – Not-for-profit
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**Sponsorships**
- Gold: $5,000 and up
- Silver: $3,000 – 4,999
- Bronze: $1,000 – $2,999

**Additional Sponsorships**
- Continental Breakfasts ................................................................. $1,750
- Lunch.................................................................................. $3,500
- Keynote and General Session ..................................................... $3,000
- Refreshments Break ................................................................ $1,500

**Payment Information**
- **Exhibit Fee** (For-profit organization)  
  - $  
- **Exhibit Fee** (Not-for-profit organization)  
  - $  
- **Electrical Hook-up** ($75)  
  - $  
- **Sponsorship**  
  - $  
- **Enclosed is a check for**  
  - $  

Online registration and payment is available by visiting the Illinois Public Health Association (IPHA) Web site (www.ipha.com). Conference exhibitors and sponsors who register online may choose to make their payment with Visa or MasterCard. For additional information, call IPHA at 217-522-5687, or visit the Web site.

**IPHA Tax ID # 36-6108790**

**Questions?** Please call:  
- Kristen Ball at 217-522-5687 (IPHA), or  
- Brenda Blasko at 217-524-1844 (OWH)

The information contained in this prospectus is hereby made part of this contract. Payment or proof of payment must accompany contract form in order for the registration process to be completed. Please retain a copy of this contract for your records and return original to:

**Illinois Public Health Association**
223 S. Third St.  Springfield, IL 62701-1144  
Fax: 217-522-5689

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Oak Brook Hills Marriott Hotel  
Oak Brook Hills Marriott Hotel reservation line: 800-228-9290 or 630-650-5555  
Online: www.oakbrookhillsmarriott.com

To receive the conference rate, state your reservation is for the Illinois Women’s Health Conference room block.
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- Final attendee roster, including attendee names, specialties, and contact information
- Recognition in Office of Women’s Health newsletters, Web site, and news releases

Exhibit Fee – For-profit Organizations
One, 6-foot skirted table with two chairs .......... $350
Note: $50 discount if contract and payment is received by September 30, 2009.

Exhibit Fee – Not-for-profit Organizations
One, 6-foot skirted table with two chairs .......... $250
Note: $50 discount if contract and payment is received by September 30, 2009.

Table Assignment
Space is assigned based on receipt of contract and payment. All contracts received with payment will be confirmed with table number on a space available basis. The Office of Women’s Health reserves the right to make assignments or reallocations as necessary.

Registration
Exhibitors will be required to register and wear name badges.

Exhibit Schedule
Exhibit Set-Up Wed., Oct. 28 7:30 a.m. – 8:30 a.m.
Exhibits Open Wed., Oct. 28 8:30 a.m. – 4:00 p.m.
Dismantling Wed., Oct. 28 4 p.m.

Exhibit Shipping, Electricity and Other Items
Any additional equipment will be contracted and paid for directly through the Oak Brook Hills Marriott Resort. Contact information and forms will be provided with your conference exhibitor kit, which will be mailed to you on September 30, 2009. Shipping and storage information also will be outlined in the exhibitor kit. If electricity is required for your exhibit, please check the appropriate box on the contract and include the extra charge with your payment.

Continuing Education Credits
All participants interested in obtaining continuing education credits must visit the continuing education (CE) table and sign in for days attended.

Registered Nurses
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals is accredited as provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Universal
One universal training hour (UTh) from Oakton Community College is equal to one 60 minute clock hour.
LWILCSW and LPC/LCPC
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Education Professionals has been approved as a sponsor of continuing education in the 2007-2009 renewal period by the Social worker/Clinical Social Worker and the Professional Counselor/Clinical Professional Counselor Licensing Board of the State of Illinois, Department of Financial and Professional Regulation.
Dietitians
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals has been approved as a Continuing Professional Education Accredited Provider by the Commission on Dietetic Registration.
Certified Health Education Specialists – Illinois Public Health Association is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing Inc. This program is a designated event for CHES to receive Category I CECH in health education.

Oak Brook Hills Marriott Resort reservation line: 800-228-9290 or 630-850-5555 • Online: www.oakbrookhillsmarriottresort.com To receive the conference rate, state your reservation is for the Illinois Women’s Health Conference room block.

Contract for Exhibit Space, Sponsorship and Advertising 2009 Women’s Health Conference

Please print all information clearly. Each attending exhibitor MUST complete a registration form as well as the information listed below. The Illinois Public Health Association and the Office of Women’s Health are not responsible for errors made due to illegible writing.

Check appropriate boxes below:

- Exhibit Space – For-profit
  - One, 6-foot skirted table with chairs ................................ $350
  - Note: $50 discount if contract and payment is received by September 30, 2009.

- Exhibit Space – Not-for-profit
  - One, 6-foot skirted table with chairs ................................ $250
  - Note: $50 discount if contract and payment is received by September 30, 2009.

- Sponsorships
  - Gold ........................................................................ $5,000 and up
  - Silver .......................................................................... $3,000 – 4,999
  - Bronze ......................................................................... $1,000 – $2,999

- Additional Sponsorships
  - Continental Breakfasts .............................................. $1,750
  - Lunch ........................................................................... $3,500
  - Keynote and General Session ................................... $3,000
  - Refreshments Break ................................................... $1,500

Payment Information

Exhibit Fee (For-profit organization) $
Exhibit Fee (Not-for-profit organization) $
Electric Hook-up ($75) $
Sponsorship $
Enclosed is a check for $

Online registration and payment is available by visiting the Illinois Public Health Association (IPHA) Web site (www.ipha.org). Conference exhibitors and sponsors who register online may choose to make their payment with Visa or MasterCard. For additional information, call IPHA at 217-522-5687, or visit the Web site.

IPHA Tax ID # 36-6108790
Questions? Please call: Krishan Ball at 217-522-5687 (IPHA), or Brenda Blasko at 217-524-1844 (OWH)

The information contained in this prospectus is hereby made part of this contract. Payment or proof of payment must accompany contract form in order for the registration process to be completed. Please retain a copy of this contact form for your records and return original to:

Illinois Public Health Association
223 S. Third St. • Springfield, IL 62701-1144
Fax: 217-522-5689

Company Name (As it should be presented in all materials)

Contact Person (Every exhibitor must identify a main contact. The main contact will receive all conference information.)

Signature of Contact Person

Mailing Address
City ____________________________________________________________
State ZIP Code ______________________________________________________________________________________
Phone Fax ______________________________________________________________________________________
E-mail ______________________________________________________________________________________

Exhibitor, if different from main contact
Name ____________________________
Company ____________________________
Address ____________________________
City ____________________________________________________________
State ZIP Code ______________________________________________________________________________________
Phone Fax ______________________________________________________________________________________
E-mail ______________________________________________________________________________________

Additional Sponsorship
Sponsorship $

Additional Exhibitor Registrant
Name ____________________________
Company ____________________________
Address ____________________________
City ____________________________________________________________
State ZIP Code ______________________________________________________________________________________
Phone Fax ______________________________________________________________________________________
E-mail ______________________________________________________________________________________

Brief description of your organization to be included in 2009 Program Booklet:
Conference Registration Form • 2009 Women’s Health Conference

Please note the following instructions for completing your registration form:

1. TYPE or PRINT CLEARLY the following information (as it should appear on your name badge). This form must be completed in its entirety in order for your registration to be processed. One completed registration form is required for each additional person from your organization attending the conference.

2. This registration form and payment or voucher must be received by October 1, 2009, to ensure the early registration rate of $165. The rate of $185 will be in effect from October 1, 2009, through October 29, 2009. On-site registrations will be charged the $185 rate with payment due at the time of registration.

3. Registrants who cancel prior to October 1, 2009, will receive a refund of $80. Those canceling after this date may transfer the registration to another person within the same agency or organization. NO MONETARY REFUNDS ARE AVAILABLE AFTER OCTOBER 1, 2009. THERES NO EXCEPTIONS.

First Name ______________________________________________________
M.I. ____________________ Last Name ________________________________
Organization ___________________________________________________________________
Organization Mailing Address ___________________________________________________________________
City ____________________________________________________________________________ State ___________ ZIP Code ___________
Business Telephone ___________________ Business Fax ____________________________
Business E-mail ___________________________________________________________________

There will be a “program participant list” available that includes the names and addresses of each conference registrant. Please check the appropriate box with regard to use of your name. IF NEITHER BOX IS CHECKED, YOUR NAME WILL BE INCLUDED WITH THE ADDRESS USED ON THIS REGISTRATION FORM.

☐ You may include my name and BUSINESS ADDRESS as it appears on this registration form in the participant list.
☐ I do not wish to have my name and address included in the conference participant list.

REGISTRATION FEES AND ADDITIONAL INFORMATION (please check appropriate box)

☐ $165 – Early registration
☐ $185 – Late registration and/or On-site registration (after October 1, 2009)
☐ $100 – One-day registration
☐ $100 – Student registration (NOTE: To qualify for the student rate, you must be a current, full-time student in an undergraduate or graduate program and present appropriate identification at the conference.)

Check ALL dates you plan to attend:
☐ I will attend Wednesday, October 28
☐ I will attend Thursday, October 29
☐ I would like CE credit for: ☐ Nurse ☐ Dietitian ☐ Counselor ☐ Social Worker ☐ CHES
☐ Special needs (diet, access, other) ______________________________________________________

TOTAL PAYMENT ENCLOSED: $ ______________
(Make checks payable to Illinois Public Health Association)

IPHA Tax ID # 36-6108790

Online registration and payment is available by visiting the Illinois Public Health Association (IPHA) Web site (www.ipha.com). Conference participants who register online may choose to make their payment with Visa or Mastercard. For additional information, call IPHA at 217-522-5687, or visit the Web site.

Completed registration form with payment should be mailed to: Illinois Public Health Association • 223 S. Third St. • Springfield, IL 62701-1144

Three ways to register:
1. Register by mail
2. Register by faxing registration to 217-522-5689
3. Register online at www.ipha.com

Oak Brook Hills Marriott Resort reservation line: 800-228-9290 or 630-850-5555 • Online: www.oakbrookhillsmarriottresort.com

To receive the conference rate, state your reservation is for the Illinois Women’s Health Conference room block.
Please note the following instructions for completing your registration form:

1. TYPE or PRINT CLEARLY the following information (as it should appear on your name badge). This form must be completed in its entirety in order for your registration to be processed. One completed registration form is required for each additional person from your organization attending the conference.

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First Name ____________________________________  M.I. __________________  Last Name ____________________________________
Organization ________________________________________________________________________________________
Organization Mailing Address _________________________________________________________________________
City ___________________________  State ___________________  ZIP Code __________________
Business Telephone __________________________  Business Fax __________________________
Business E-mail ____________________________________________________________________________________

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