



NATIONAL HEALTH POLICY TRAINING ALLIANCE FOR COMMUNITIES OF COLOR

HEALTH POLICY JOURNALISM INSTITUTE: COVERING HEALTH DISPARITIES

NEW ORLEANS, LA ■ SEPTEMBER 22 - 24, 2010

HOTEL MONTELEONE

PERSONAL INFORMATION:

Name: _____

Nametag (if different): _____

Name of Media Outlet: _____

Type of Media Outlet: _____
(Newspaper, Radio, TV, Magazine, other)

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Mobile Phone: _____

E-mail Address: _____

Web Site Address: _____

What beat do you cover? _____

How often do you cover health care stories? _____

How long have you been covering the health and/or medical beat? _____

Why are you interested in attending this workshop? _____

Special accommodations for a disability (please specify): _____

Meals: special diet: ___ vegetarian: ___ vegan: ___ kosher: ___ other: _____

We have a *limited* number of scholarships available for travel and/or lodging. Please tell us what kind of financial assistance you are applying for (check all that apply):

Hotel
We save money by asking participants to share hotel rooms with other journalists. If you already have someone in mind, please put that name here: _____

Travel (i.e. Airfare, mileage reimbursement, train, cab, etc.)
Arrival Date _____ Departure Date: _____

Other comments: _____

DEADLINE FOR APPLICATION: AUGUST 20, 2010

There is a \$35 early bird registration fee for this program before June 25, 2010. Thereafter, registration is \$75. Space is limited so please register as soon as possible. **Return this registration form to Sherice Perry at MINORITYHEALTH@FAMILIESUSA.ORG or via fax at 202.347.2417.**

<p>FOR INTERNAL USE ONLY (DO NOT WRITE IN THIS SPACE.)</p> <p><u>TYPE OF SCHOLARSHIP GRANTED:</u></p> <p>___ Lodging: \$ _____</p> <p>___ Travel: \$ _____</p> <p>Total Amount Granted: \$ _____</p>
