

CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTERS

APRIL 27-28, 2015 RENAISSANCE AND RESIDENCE INN ARLINGTON CAPITAL VIEW

ANNUAL MEETING REGISTRATION DEADLINE: MONDAY MARCH 16, 2015

ATTENDEE INFORMATION (Please print or type clearly)

FIRST NAME	LAST NAME	MIDDLE INITIAL
TITLE		AFFILIATION AT OAIC
OAIC/INSTITUTION		
MAILING ADDRESS		
CITY/STATE/ZIP		
PHONE	FAX	E-MAIL
RANK	<input type="checkbox"/> OAIC JUNIOR FACULTY MEMBER <input type="checkbox"/> OAIC JUNIOR FACULTY SCHOLARSHIP AWARDEE * <input type="checkbox"/> HMORN group member <input type="checkbox"/> OAIC SENIOR FACULTY MEMBER ** <input type="checkbox"/> OAIC ADMINISTRATIVE STAFF MEMBER <input type="checkbox"/> HIV / Aging group member <input type="checkbox"/> Other _____	
<i>If you are completing this form for another person please include your name and phone number:</i>		
NAME	PHONE/EMAIL	

REGISTRATION FEE: \$250.00 (please use the following payment options below)

To pay by check Make check payable to: Wake Forest University Health Sciences and mail to: Wake Forest University Health Sciences Attn: Abby Archer Section on Geriatrics 1 Medical Center Boulevard Winston-Salem, NC 27157	To pay by Credit Card If paying by credit card, you may - FAX your registration to 336-713-8588 (Attn: Abby Archer) or - Email PDF version to the Pepper OAIC at peppercenter@wakehealth.edu
Card #	Exp. Date /
Name on Card	Signature

SLEEP ROOM ACCOMMODATIONS

Reservation deadline: Sunday March 29, 2015

Two methods to make sleeping room reservations at a rate of \$209 you have two options:

ONLINE Go to our [ONLINE WEBSITE BOOKING PAGE](#).

TELEPHONE Call the hotel's Group Housing Coordinator, Joy Deveaux at 571-814-4028 and she can assist in booking your sleep room.

***JUNIOR FACULTY SCHOLARSHIP AWARDEE**

If you are serving as your OAIC Junior faculty Scholar awardee, please note the Coordinating Center will book your hotel sleep room. Please designate the nights you will require sleep accommodations: Sunday April 26 Monday April 27

ANNUAL MEETING EVENTS

JUNIOR FACULTY SESSION (MONDAY AFTERNOON)	<input type="checkbox"/> YES I PLAN TO ATTEND	<input type="checkbox"/> NO I WILL ATTEND
JUNIOR FACULTY MOCK STUDY SECTION (MONDAY AFTERNOON)	<input type="checkbox"/> YES I PLAN TO PARTICIPATE	<input type="checkbox"/> NO I WILL NOT PARTICIPATE
**SENIOR FACULTY ATTENDEES ONLY (MONDAY AFTERNOON) I WILL SERVE AS A SENIOR REVIEWER FOR THE JUNIOR FACULTY MOCK STUDY SECTION	<input type="checkbox"/> YES I WILL SERVE AS A REVIEWER	<input type="checkbox"/> NO I WILL NOT SERVE AS A REVIEWER
POSTER SESSION (MONDAY EVENING) **BE SURE TO SEND POSTER TITLE AND ABSTRACT TO PEPPER CC BY MARCH 23, 2015.	<input type="checkbox"/> YES I PLAN TO PARTICIPATE	<input type="checkbox"/> NO I WILL NOT PARTICIPATE
DINNER (MONDAY PM)	<input type="checkbox"/> YES I PLAN TO ATTEND	<input type="checkbox"/> NO I WILL NOT ATTEND SPECIAL DIETARY NEEDS? _____
JUNIOR FACULTY / *SENIOR FACULTY MATCH UP (MONDAY PM)	<input type="checkbox"/> YES I WILL PARTICIPATE	<input type="checkbox"/> NO I WILL NOT PARTICIPATE
RCDC BREAKOUT AND BREAKFAST (TUESDAY AM)	<input type="checkbox"/> YES I PLAN TO ATTEND	<input type="checkbox"/> NO I WILL ATTEND