

Cultural Competence for Researchers: Neighborhood Tour and Conference

May 19, 2010

REGISTRATION FORM

Please return completed registration form with payment no later than April 15, 2010

Name: _____

Organizational Affiliation: _____

Address: _____

City: _____

State: _____

Zip code: _____

Contact Phone Number: _____

Email address: _____

Please check below which credits you are applying for:

CME's

CEU's

Nursing

Social work*

CREC (continuing research education)

**Request for social work contact hours has been submitted to the Ohio Counselor and Social Worker Board*

Which best describes you:

nurse social worker physician community organization student other: _____

Payment includes lunch. Please indicate if you have any dietary restrictions below.

I am vegetarian

Other dietary restriction _____

Please complete the following. This information is necessary in order for you to get the maximum benefit from this conference.

What is your current area of research? _____

Are there other areas of research that you are interested in? _____

Where would you most closely identify your research in the translation process? (Check all that apply):

- Laboratory research
- Clinical trials in health care settings
- Evidence-based guidelines, dissemination research
- Community-based and population research

Please rank your 1st, 2nd, and 3rd choice of neighborhood tour visit.

_____Hough

_____Stockyard

_____Either

Registration for all attendees is \$20.

Please send check for \$20 payable to **Case Western Reserve University** and completed registration form to:

MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, Ohio 44109-1998
Attn: Mary Ellen Lawless, MA, RN R 259A