

PREMUS 2007

Social Events Registration for Additional Guests

Name of Conference Attendee (please print clearly) _____

Email address _____

Social Events and Guest Fees

A. Reception at the Skywalk, Prudential Tower, Boston, 26 August (limit one guest): \$50 for guests

B. Dinner Cruise on Boston Harbor, 29 August: \$80 for guests

C. Tours, 30 August: \$43 for guests

Tour options:

- C1. Liberty Mutual Research Institute for Safety
- C2. Outing to Rainsford Island in Boston Harbor
- C3. Lowell and the American Industrial Revolution

Guest Information

GUEST NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 1 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 2 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 3 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 4 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 5 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 6 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 7 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 8 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 9 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE
GUEST 10 NAME	EVENT(S) — IF TOUR, PLEASE SPECIFY	FEE

Cardholder Information

Credit card payment for \$_____.

CARD NO.	SECURITY CODE*	EXPIRATION DATE
SIGNATURE	NAME ON CARD	
BILLING ADDRESS (IF DIFFERENT) — INCLUDE CITY/STATE/ZIP		BILLING EMAIL

Payment is due upon receipt. We cannot reserve spots for your guests until we receive your payment. You will receive a confirmation email when the card is charged.

THREE WAYS TO PAY

1. FAX this completed form to (US) 617 384-8690, ATTN: PREMUS
2. MAIL completed form to PREMUS, CCPE-Dept. A, 677 Huntington Ave., Boston, MA 02115 USA
3. CALL the Harvard School of Public Health's Center for Continuing Professional Education, (US) 617 384-8692, between 9:00 and 17:00 EST to provide the information on this form

* Security Code: the last 3 digits (VISA/MC) or last 4 digits (AMEX) in signature box on back of card.