

COMMUNITY HEALTH CENTERS:
the FRONTLINE of
HEALTH CARE
Westin Savannah · October 4-6, 2010

**CONFERENCE SCHEDULE &
REGISTRATION FORM**

**THE WESTIN SAVANNAH HARBOR
AND
SAVANNAH INTERNATIONAL TRADE
& CONVENTION CENTER**

**GEORGIA ASSOCIATION FOR
PRIMARY HEALTH CARE, INC.**

CONFERENCE TENTATIVE SCHEDULE

Sunday, October 3rd

5:00 pm: GAPHC Board Meeting

6:00 PM: Incoming President's Reception and Dinner

Monday, October 4th

8:30 am -10:00 am: Breakfast with Exhibitors

10:00 am - 12 Noon: Welcoming Session

12 Noon - 2:30 pm: Lunch and Dessert with Exhibitors

2:30 pm - 4:00 pm: Breakout Sessions

4:15 pm – 6:15 pm: Wii Competition for Conference Attendees and Supporters

6:30 pm: PCCN Member Reception (Clinicians)

Tuesday, October 5th

8:00 am – 9:00 am: Breakfast with Exhibitors

9:00 am – 12:15 pm : Breakout Sessions

12:15 pm – 1:45 pm: Lunch & Dessert with Exhibitors

1:45 pm – 5:00 pm: Breakout Sessions

6:30 pm: P.E.A.C.H. Awards Reception

7:00 pm: P.E.A.C.H. Awards Dinner



Wednesday, October 6th

8:00 am – 9:00 am: Breakfast with Exhibitors

9:00 am - 11:30am: Closing Session

OCTOBER 4 - 6 2010
THE WESTIN SAVANNAH HARBOR
SAVANNAH, GEORGIA



The Georgia Association
For Primary Health Care



2010 GAPHC CONFERENCE

ONE PER REGISTRANT.

Please clearly print information exactly as it should appear in conference materials.

Registration and payment via PayPal is also available online at www.gaphc.org/Conf2010/register.html

Registrant's Name: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

____ Please check here if you have any special needs that must be addressed in order to fully participate in the conference (i.e., dietary, physical, etc.). Please attach a brief description.

REGISTRATION - Early Registration: through September 10th

GAPHC MEMBERS

Full Conference Registration	\$285	_____
One Day Registration ___Monday ___Tuesday or ___Wednesday	\$160	_____

NON MEMBER

Full Conference Registration	\$385	_____
One Day Registration ___Monday ___Tuesday or ___Wednesday	\$210	_____

REGISTRATION - September 11th—October 6th

GAPHC MEMBERS

Full Conference Registration	\$325	_____
One Day Registration ___Monday ___Tuesday or ___Wednesday	\$185	_____

NON MEMBER

Full Conference Registration	\$425	_____
One Day Registration ___Monday ___Tuesday or ___Wednesday	\$250	_____

GUEST (OPTIONAL)

Guest's Name: _____
 Tuesday: GAPHC P.E.A.C.H. Awards Dinner



\$60	_____
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Full Payment Enclosed \$_____

PAYMENT

- 1) Paypal
- 2) Make checks payable to GAPHC.
 Mail to GAPHC; Attn: Annual Conference; 315 W Ponce de Leon Avenue; Suite 1000; Decatur, GA 30030.
- 3) If paying with MasterCard or Visa (American Express and Discover NOT accepted), fax this form to 404-659-2801 or email to dmessina@gaphc.org

Name on credit card _____
 ___ Visa ___ MasterCard Account Number _____
 Authorized signature on credit card _____ Expiration Date _____

HOTEL ACCOMMODATIONS:

The Westin Savannah Harbor The GAPHC group rate is \$159 + tax per night and \$10 parking per day.
 For reservations, go to <http://www.starwoodmeeting.com/StarGroupsWeb/res?id=1002193191&key=5CC55>
 or call 1-800-228-3000 before September 2, 2010.
 For more information contact Deanne Messina at dmessina@gaphc.org or 404-659-2886.