

# 2010 Youth Tobacco Summit Registration Form

Date: Tuesday, July 13<sup>th</sup>, 2010

Time: 8:30 am – 4:00 pm

Location: Governor's Inn-Casselton, ND

Student Name: \_\_\_\_\_

Student Phone: \_\_\_\_\_

\*Phone number needed only for reminder phone call or in the event of cancellation/re-scheduling of summit.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Which school does the student attend? \_\_\_\_\_

How did you hear about the 2010 Youth Tobacco Summit?

\_\_\_\_ Radio    \_\_\_\_ Facebook    \_\_\_\_ School Newsletter    \_\_\_\_ Other

Lunch Choice:    \_\_\_\_ Ham & Turkey    \_\_\_\_ Vegetarian



**Please send completed Registration form AND Parental Consent by June 15,  
2010 to:**

Fargo Cass Public Health

Attn: Holly Scott

401 3<sup>rd</sup> Avenue N.

Fargo, ND 58102

Contact Holly Scott at 701-241-8576 with any questions.