



2020 Registration
Individual fee: \$10
Organization fee: \$25

Date: _____

Name: _____

Are you participating as an (circle one):

Individual member Organizational representative

Organization name: _____

Each organization is allowed one voting member at the annual meeting.

Are you the voting member for your organization? Yes No

E-mail: _____

Phone: _____

Address: _____

Please circle which PWC workgroup you will participate in (circle one):

Chronic Disease

Oral Health

Youth Health and Wellness

Please note only checks will be accepted at this time and should be made out to: *Pathways, Inc.*

Please include PWC in the memo line.

Submit in person (to the PWC Treasurer), or mail to:

PO Box 2410

Petersburg, VA 23804

For administrative use only: **Individual rate** **Organizational rate** **Fee waived**