



WOMEN'S HEALTH CONFERENCE

Saturday, March 24th, 2012

New Beginnings to Transform your Health

Cross Street A.M.E. Zion Church

440 West Street, Middletown, CT 06457

First Name: _____ Last Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Telephone: (_____) _____ Cell Phone: _____

Email: _____

HEALTH CONFERENCE INFORMATION

Registration begins at 8:30-9:00 a.m. Breakfast & Networking 9:00a.m.

Breakfast and Lunch: Vegetarian lunch required? Yes or No (please check one)

Please list any special dietary needs: _____

Conference Begins at 9:30a.m.

Zumba Dance Hour: Be sure to bring comfortable exercise clothes



Workshops and information: **Health, Nutrition, Mental Health, Beauty, Relaxation and Exercise**

REGISTRATION FEES

\$ 20.00 Advance/\$ 25.00 After Sunday, March 10th

TOTAL ENCLOSE \$ _____

PAYMENT METHOD: Cash Money Order Check Please check appropriate box.

Please make Checks and Money Orders to **Cross Street A.M.E. Zion Church.**

There will be a \$25.00 fee charged for returned checks due to insufficient funds.

(Please note that no refunds will be given.) Please do not mail cash.

Please mail registration form and checks to: **2012 Health Conference**

c/o Anita Dempsey

Cross Street A.M.E. Zion Church

440 West Street

Middletown, CT 06457

Please do not mail cash.

Any question, please call Anita Dempsey at (860) 759-0930/email: adzumbalady.dempsey@gmail.com or contact the church directly at (860) 344-9527.

Program information: www.crossstamezion.org