

**4th Annual Public Health Update  
March 25, 2009  
7:30 a.m. to 12:30 p.m.  
Memorial Medical Center  
Wedeborg Conference Center**

**Registration**

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Name Degree

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Specialty / Type of Practice

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Address City State Zip

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(Area Code)Phone Number

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e-mail address

Please indicate any special needs you may have:

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**Please fax completed form to (217) 789-2203**