



# Using Games and Simulations to Solve Critical Issues in Public Health

## OFFICIAL EVENT REGISTRATION

Prefix:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Company/Organization:\* \_\_\_\_\_ Job Title:\* \_\_\_\_\_

Work Address:\* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone:\* \_\_\_\_\_

Website: \_\_\_\_\_ Twitter Username: \_\_\_\_\_

\* Required to complete registration.

Make your check or money order payable to **Excelsior College** in the amount of \$175 or complete the charge card authorization below. Do not send cash.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Mail your completed application and payment to:

Dr. David Seelow  
Excelsior College  
7 Columbia Circle  
Albany, NY 12203