



**THE CENTER FOR PERINATAL ADVOCACY
AT PROVIDENCE HOSPITAL**

Infant Mortality Summit: District of Columbia Stakeholders Meeting

**Providence Hospital
1150 Varnum St. NE
Washington, DC 20017-2180**

**Thursday September 2, 2010
9:00 AM to 3:00 PM**

☞ PARTICIPANT REGISTRATION FORM ☞

Contact Information:

Please complete the section below, including your name, title and organization, as you would like it to appear on registration materials.

Name: _____

Title/Position: _____

Organization: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-mail for participant: _____

Meal Preparation:

I have specialized needs for my food preparation. Details: _____

**Please email your completed registration form to Gabriela Garcia, Perinatal Coordinator at:
gabriela.garcia@provhosp.org.**