

REGISTRATION APPLICATION

(Please use a separate form for each applicant and fill out BOTH pages.)

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

FAX: _____

HAVE YOU ATTENDED A CLEARING THE AIR INSTITUTE?

If so, please check which one you attended, skip the "Tell Us About Yourself" portion below and go directly to Page 2, unless there is something further you'd like to share. [Don't forget to help us shape our 2013 agenda!](#)

- | | |
|---|---|
| <input type="checkbox"/> Clearing the Air I — October 25–28, 2002 | <input type="checkbox"/> Clearing the Air IV — June 2–5, 2007 |
| <input type="checkbox"/> Clearing the Air II — June 1–4, 2004 | <input type="checkbox"/> Clearing the Air V — June 1–4, 2008 |
| <input type="checkbox"/> Clearing the Air III — September 12–15, 2005 | <input type="checkbox"/> Clearing the Air VI — September 20–23, 2009 |
| | <input type="checkbox"/> Clearing the Air VII — September 25–28, 2011 |

TELL US ABOUT YOURSELF

If you did not attend one of the six conferences listed above, please tell us briefly about your background in tobacco control, your current or planned work in the field of secondhand smoke, and what you hope to gain through your attendance at the conference:

WHAT WOULD YOU LIKE TO SEE ON THE AGENDA IN 2013?

- | | | |
|--|---|--|
| <input type="checkbox"/> Bars | <input type="checkbox"/> Housing | <input type="checkbox"/> Private Clubs |
| <input type="checkbox"/> Casinos | <input type="checkbox"/> How to Conduct Air Quality Testing | <input type="checkbox"/> Research and Evaluation |
| <input type="checkbox"/> Coalition Development | <input type="checkbox"/> Implementation | <input type="checkbox"/> Science |
| <input type="checkbox"/> Dealing with Multiple Health Issues | <input type="checkbox"/> Messaging & Messengers | <input type="checkbox"/> Social Norm Change |
| <input type="checkbox"/> Disparities | <input type="checkbox"/> Native American Tobacco Policies | <input type="checkbox"/> What to Expect from the Opposition |
| <input type="checkbox"/> Funding Sources | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Using Online Social Networks For Your Cause |
| <input type="checkbox"/> Grassroots Organizing | <input type="checkbox"/> Preemption | <input type="checkbox"/> Other _____ |

ACCOMMODATIONS

The Stanford Sierra Conference Center provides simple, comfortable accommodations in two and three-bedroom, one-bath cabins with private balconies offering lake-views. Cabins *do not* include televisions, telephones or kitchen facilities. Two-bedroom cabins have one bedroom with a queen bed and two twin beds in the second bedroom. Three-bedroom cabins have an additional room with two twin beds. Each participant has their own bed, and shares a bedroom and bathroom with others in the same cabin. Three to five participants will be assigned to each cabin. **There will be no offsite accommodations.** If you know of another conference attendee with whom you'd like to share a room (others may still be assigned to that same cabin) please list their name(s) below.

Please put me in the same room/cabin with: _____

Even if you are attending from the same organization, do not assume you will be assigned with your colleagues. Please list any names of participants you would like to room with and we will do our best to accommodate you.

WHAT ABOUT FAMILIES?

Due to limited space, first priority will be given to conference participants. This may limit the number of family members we are able to accept. However, you are welcome to apply using the enclosed "Family Form" and all requests will be considered on a first-come, first-serve basis *after* conference participants. Depending on the number in your party, you may be required to share a cabin with others. Full conference fees will apply.

- My Family Form is included.
- I am not requesting to bring family members/guests.

SPECIAL NEEDS

- I require vegetarian meals.
- I require vegan meals.
- I require other special accommodations (physical, dietary, etc.) [Please check here and specify below. We will do our best to accommodate your needs]:

PAYMENT *Fee includes conference registration and materials, lodging (3 nights at the Center), 9 meals, snacks, and use of the facilities.* Please check the appropriate box below. *Applications or payments received after published deadlines will be charged at the current rate.* DO NOT SEND MONEY WITH APPLICATION.

- Early Bird Registration*** – *Applications accepted through 9/30/12 (Payment due within 30 days of invoice)*
 \$799 — ANR Member **
 \$899 — Non-Member
- Regular Registration** – *Applications received 10/1/12 - 3/31/13 (Payment due within 30 days of invoice)*
 \$950 — ANR Member
 \$1075 — Non-Member
- Late Registration** – *Applications received 4/1/13 - 5/1/13 (Payment due by 5/1/2013)*
 \$1075 — ANR Member
 \$1200 — Non-Member

SCHOLARSHIPS

- I am requesting a partial scholarship; please see attached application.

APPLICATION SUBMISSION:

**Early Bird Registration is NON-REFUNDABLE.*

***To become a member or to check the status of your ANR membership, please contact Stephanie Shedd at 510-841-3056.*

Send your application to Stephanie Shedd

By email: stephanie.shedd@no-smoke.org

By fax: 510-841-3060 OR

By mail: ANR Foundation, 2530 San Pablo Avenue, Suite J, Berkeley, CA 94702