



OHIO PUBLIC HEALTH ASSOCIATION

The Ohio Public Health Association proudly presents:

PUBLIC POLICY & ADVOCACY INSTITUTE

**“Changing Times in Public Health:
Making Your Voice Heard”**

SAVE THE DATE

Date: Thursday, March 26, 2009

Time: 8:30 am - 3:30 pm

Location: Doubletree Hotel - Columbus/Worthington
175 Hutchinson Avenue Columbus, OH 43235
www.columbusworthington.doubletree.com

Cost: \$70 for OPHA members & \$85 for non-members
(Or become an OPHA member for \$50 and pay the
reduced rate.) Check or PO accepted.

For more information and for sponsorship
opportunities, please email ohiopha@gmail.com
or call 614-635-0207.



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AGENDA - TENTATIVE

8:30 am – 9:00	<u>Registration</u> Continental Breakfast
9:00 – 9:15	<u>Welcome</u>
9:15 – 10:00	<u>Advocacy 101</u>
10:00 – 10:45	<u>Perspectives on Advocacy – Panel Discussion</u>
10:45 – 11:00	<u>Break</u>
11:00 – 11:45	<u>Advocacy in Your Job – What You Can and Can't Do</u>
11:45 – 1:15 pm	<u>Lunch – Key Note Speaker</u>
1:15 – 2:00	<u>What's Going on Now? Current Public Health Priorities</u>
2:00 – 2:45	<u>Data Utilization</u>
2:45 – 3:15	<u>Future is Now – Where is Public Health Going?</u>
3:15 – 3:30	<u>Wrap-up & Evaluation</u>

Registration fee includes conference materials, continental breakfast and lunch.



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REGISTRATION

DEADLINE to register: March 20, 2009

Registration Fees:

Ohio Public Health Association (OPHA) member: **\$70**

Non-member: **\$85***

*Interested in joining OPHA to pay the reduced registration fee and to receive additional OPHA benefits?

Option #1: Join OPHA for a membership fee of \$50. To become a member of OPHA, please visit www.ohioph.org or call (614) 635-0207.

Option #2: Take advantage of the American Public Health Association’s (APHA) and OPHA’s joint membership pilot project and join both organizations for \$180. This is a savings of \$65 if you were to join OPHA and APHA separately. To become a member of both OPHA and APHA, please visit <https://secure.apha.org/affiliates> or call (202) 777-2400.

Registration fee includes conference materials, continental breakfast and lunch.

Name: _____

Agency: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **E-mail:** _____

Checks and purchase orders accepted. Please make check out to OPHA. Please note check or PO # below.

Registration Fee \$ _____ Check #: _____ PO #: _____

Please select membership status:

___ Current OPHA member ___ Joined OPHA ___ Joined APHA/OPHA ___ Not an OPHA member

Please complete and mail with check for registration costs to the below address. If paying with a purchase order or sending a check at a later date, you may fax your registration to (614) 781-6521 (please specify faxing to OPHA).

Ohio Public Health Association
Attn: Public Policy Institute
PO Box 6036
Worthington, Ohio 43085

For more information, please email ohioph@gmail.com or call 614-635-0207.