

# Registration Form/General Information

## 5<sup>th</sup> Action on Obesity Summit, 2008

Hosted by Mayo Clinic, Co-Hosted by ACSM and AASP

Thursday and Friday, October 16 & 17, 2008

Marriott Ballroom, Marriott at Mayo Clinic, Rochester, Minnesota

### Summit Description

The 5<sup>th</sup> Annual Action on Obesity Summit is an action focus on individuals, populations at risk, health, policy, and establishing an Action on Obesity Clearinghouse. The primary objective is to integrate the knowledge and awareness of individuals, students, parents, health care providers, citizens, organizational representatives, and other influencers of policy into effective, sustainable action on obesity. Summit attendees will take away from the summit a handbook detailing how to develop similar initiatives in their workplaces, communities, etc. Another focus of the summit will be on establishing data and information for an online obesity clearinghouse. Populations at risk will also be highlighted in this summit. Keynote speakers will present material to help us meet our primary objectives (see tentative agenda).

### Summit Abstracts

Attendees representing your profession, organization or business are invited to submit their description of action items that will contribute to the content or solution for childhood obesity. Ten, five-minute action items will be selected from submissions for presentation, and all relevant submissions will be included in the summit programs. Please submit a typed abstract of 250 words or less, sent electronically to Joseph Roberts ([roberts.joseph@mayo.edu](mailto:roberts.joseph@mayo.edu)) by September 19, 2008. *Please include your name, organization, and email address on all submitted abstracts.*

### Action on Obesity, 2008, Registration

We look forward to your participation at the Action on Obesity, 2008, Summit. Please complete and return this registration form before September 19, 2008, to reserve space for your delegation.

**YES, I/we plan on attending the AOO Summit**

**No, I/we are unable to attend the AOO Summit**

### Company Information:

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Delegates Attending:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please Return  
Registration Form by  
Sept. 19, 2008, to:**

Joseph Roberts  
Mayo Clinic  
DAHLC  
200 First Street, SW  
Rochester, MN 55905

Fax: 507-538-1099  
Email:  
[roberts.joseph@mayo.edu](mailto:roberts.joseph@mayo.edu)

