

Registration Form
2009 NORTHWEST OCCUPATIONAL HEALTH CONFERENCE
The Fairmont Hotel Vancouver
October 7 – 8, 2009

Name		Professional Designation (i.e. CIH, CSP)	
Employer	Occupational Title or Profession		
Address			
City	State	Zip	
Daytime Phone	Fax Number	Email Address **	

**Confirmations will be sent by email only.

Note: The information provided above will be published in the list of attendees.

Membership (Please check one)	PNS-AIHA	WSAOHN	NAOEM	OTHER
CONFERENCE (Includes Continental Breakfast and Lunch) – October 7, 2009 Member - \$200.00; Non-member - \$275.00 Full-time Students: Member - \$50.00; Non-Member - \$75.00 Retiree - \$50.00				\$
SHORT COURSE (Includes Continental Breakfast and Lunch) – October 8, 2009 <i>"Occupational Health Policy: Global Issues, Local Solutions"</i> Member - \$200.00; Non-member - \$275.00 Full-time Students: Member - \$50.00; Non-Member - \$75.00 Retiree - \$50.00				\$
EVENTS Tuesday, October 6, Welcome Party <input type="checkbox"/> I will be attending Wednesday, October 7, Fun Run/Walk <input type="checkbox"/> I will be attending Wednesday, October 7, @ \$18.00 x <input type="checkbox"/> <i>"Special Event: Dr. Sun Yat-Sen Garden – Classical Chinese Garden Tour"</i>				FREE FREE \$
OTHER FEES Late Registration (Postmarked after September 15, 2009) \$75.00 PNS-AIHA 2010 Dues (January 1, 2010 – December 31, 2010) Regular Member - \$35.00 (1-year) New Member? ** Yes <input type="checkbox"/> No <input type="checkbox"/> Student Member - \$12.50 (1-year – Attach Copy of Student Body Card) ** (If new member please turn over this registration form and fill out membership application.)				\$ \$ \$
TOTAL				\$

Cancellations after September 15 will be charged a 20% cancellation fee. No refunds after September 30.

METHOD OF PAYMENT My signed check or money order is enclosed. Make checks payable to <i>PNS-AIHA</i> and mail to: NOHC P.O. Box 15176 Seattle, WA 98115-0176	Charge to my credit card <input type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <input type="checkbox"/> <input type="checkbox"/> </div> Credit Card Number <input style="width: 100%;" type="text"/> Expiration Date <input style="width: 50%;" type="text"/> Signature <input style="width: 50%;" type="text"/>
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Questions? Call Jeannette U at 206.525.9908 or Fax to 206.525.9970 or Email administrator@pnsaiha.org
 (Please call 206.525.9908 if you require any special accommodations.)