

REGISTRATION FORM
CIHC Professional Development Seminar - December 10-12, 2018
OEHS – Making a Difference

EVENT VENUE: Hard Rock Hotel San Diego, 207 5th St., San Diego, CA

Go to www.CIHOnline.com to register online or download this form.

PLEASE REGISTER ME FOR:

- Entire 3-day Professional Development Seminar
- Monday, December 10, 2018 (includes lunch)
- Tuesday, December 11, 2018 (includes social)
- Wednesday, December 12, 2018

Qualifies for ABIH CM and BCSP continuing education credits.

AIHA/ASSE MEMBER PRICES:

Early Registration (ends 10/31) Late Registration

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 3 days \$545 | <input type="checkbox"/> 3 days \$645 |
| <input type="checkbox"/> Day 1 \$225 | <input type="checkbox"/> Day 1 \$245 |
| <input type="checkbox"/> Day 2 \$180 | <input type="checkbox"/> Day 2 \$200 |
| <input type="checkbox"/> Day 3 \$180 | <input type="checkbox"/> Day 3 \$200 |

Full Time Student

- 12/10 \$125 12/11 \$50 12/12 \$50

(Include letter from school advisor to qualify for student registration rate.)

Total Registration Fees \$ _____

**Non-AIHA/ASSE Members
add \$100 to fees** \$ _____
(Not applicable to student rate)

GRAND TOTAL \$ _____

No refunds will be issued after November 30, 2018

**Pre-registration closes on
November 30, 2018**

MEMBER AFFILIATION:

AIHA LOCAL SECTION MEMBERSHIP

- Sacramento Valley Northern California
- Orange County Southern CA San Diego
- Not a Member, but desire to join

NATIONAL MEMBERSHIP

- AIHA ASSE

PAYMENT INFORMATION:

- Visa MasterCard AMEX Discover

Card # _____

Expiration Date _____ CSC Code _____

Name (as it appears) _____

Signature _____

Billing Address (if different from below):

Make checks payable to:

California Industrial Hygiene Council

Return completed registration and payment to:

2018 CIHC PDS
c/o Aurora Industrial Hygiene
1132 Mission Street, Suite B
South Pasadena, CA 91030 **OR**
E-mail: gchan@auroraih.com

Attendee Information:

Name: _____ Credentials: _____

Title: _____

Organization: _____

Street: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Are you amenable to including the above information in the final event program? Yes No

Exhibitors/Sponsorship Opportunities Available - Visit www.CIHOnline.com for more information.