



16th Annual Joint Conference on Health

Healthy People in Healthy Places: A New Path to Health

Yakima Convention Center • Yakima, WA

October 5 - 6, 2009

CONFERENCE REGISTRATION FORM

Please type or print: *(One form per person. Retired, please list former agency of employment).*

Name (to appear on name tag and participant lists)		Title/Position	
Department/Office	Organization/Agency		Degree(s)
Address	City	State	Zip+4
Day Phone	Fax	E-Mail	
List your I.D. Number and Institution (only full-time students qualify for student fee): _____			
Requesting Student Conference Scholarship [<input type="checkbox"/>] <i>Please see details for this scholarship at www.wspaha.org, click on Joint Conference, then Scholarships.</i>			
Braille or sign interpreter needed [<input type="checkbox"/>]	Vegetarian Meals [<input type="checkbox"/>]	Presenter/Panelist? [<input type="checkbox"/>]	What day(s)? _____
Interested in moderating sessions? [<input type="checkbox"/>]	Applying for RS credits? [<input type="checkbox"/>]	Applying for CHES credits? [<input type="checkbox"/>]	Exhibitor? [<input type="checkbox"/>]
May we include your information in the attendees list? [<input type="checkbox"/>]	Comments: _____		

Special Membership Rate for Joint Conference Registrants! As a registrant of this year's Joint Conference you qualify for a special membership rate of \$75 which includes dual membership in both the Washington State Public Health Association and Washington State Environmental Health Association. Individually these memberships are \$50 each but for attendees of the 2009 JCH you can obtain membership in both organizations for one full year at the rate of only \$75. Payment for the dual membership or for membership in WSPHA only can be made by check, purchase order or credit card on-line at www.wspaha.org. Membership forms are also available on-line. **This membership offer is not valid with one day registrations.** Memberships for only WSEHA must be paid by check made payable to WSEHA; membership forms are available on their website at www.wseha.org. For more details on dual membership fees please contact Lynn Edwards at (253) 405-7910 or email conference@wspaha.org.

WSPHA Membership Fees: [] \$50 Regular [] \$25 Retired/Special Health Care Worker* [] \$20 Student

WSEHA Membership Fees: [] \$50 Regular/Associate [] \$5 Student [] \$20 Subscribing (*out of state only*)

JCH ATTENDEE JOINT WSPHA/WSEHA Membership Fees: [] \$75 Regular/Associate [] \$15 Student

Registration Fee:

	<u>Conference</u>	<u>One Day</u>	<u>Select Day Option</u>	
Early Bird Registration (<i>non-member, before Sept.15</i>)	[<input type="checkbox"/>] \$280	[<input type="checkbox"/>] \$175	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6
Early Bird Registration (<i>WSPHA & WSEHA member, before Sept.15</i>)	[<input type="checkbox"/>] \$230	[<input type="checkbox"/>] \$125	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6
Student/Retired/Special Worker* (<i>non-member, before Sept.15</i>)	[<input type="checkbox"/>] \$150	[<input type="checkbox"/>] \$110	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6
Student/Retired/Special Worker* (<i>WSPHA & WSEHA member, before Sept.15</i>)	[<input type="checkbox"/>] \$100	[<input type="checkbox"/>] \$60	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6
Late Registration/Onsite (<i>non-member, after Sept.15</i>)	[<input type="checkbox"/>] \$310	[<input type="checkbox"/>] \$205	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6
Late Registration/Onsite (<i>member, after Sept.15</i>)	[<input type="checkbox"/>] \$260	[<input type="checkbox"/>] \$155	[<input type="checkbox"/>] Mon, 10/5	[<input type="checkbox"/>] Tue, 10/6

*Special Health Care Worker rate is for those professionals making less than \$30,000 in annual income.

[] Check payment [] Purchase order/Invoice [] Credit card on-line **Total amount to be paid: \$ _____**

REGISTRATION: Registrations received after 9/15/09 are subject to the late registration fees listed above. Make check or purchase order payable to **WSPHA** and mail payment to: **Washington State Public Health Association**, P.O. Box 15641, Seattle, WA 98115. FED TAX I.D. #91-6035626. Registration and membership processing is available by credit card on the website at www.wspaha.org; click on Joint Conference to register for the conference, click on Membership to process a WSPHA or dual membership with both organizations. If your registration is being processed through your accounting department you may want to email a copy to us at conference@wspaha.org to ensure your registration is received in time. Pre-payment is required for registrants personally paying their own fee.