2018 Northeast Regional Industrial Hygiene Conference and Exposition REGISTRATION FORM

This form must be completed and submitted by <u>all</u> attendees, regardless of payment method.

FULL NAME (as it will a	ppear on name badge):		
NICKNAME: COMPANY:			
E-MAIL ADDRESS (<u>RI</u>	EQUIRED):		
I am a member of:	 □ Philadelphia Section AIHA □ Metro NY Section AIHA □ None of the above 		
CONFERENCE FEE	Pre-Registration (before November 16th)	Registration (from November 17th to December 6th)	Walk-In (day of conference)
General	[] \$220	[] \$245	[] \$275
(Please contact us if y	nicken [] Fish [] Ve you have any special die	egetarian etary issues; we will t	cry to accommodate)
METHOD OF PAYME	INT:		
[] Check (payable	to Philadelphia Section	AIHA)	
www.philaaiha. card payment. application (for	PayPal– please visit our com/confpay.htm and fo This form <u>MUST</u> be com m can be scanned and e 30-3494 for PayPal payn	ollow the instructions apleted and submitte emailed to <u>registratio</u>	to make your credit d to complete your
We cannot accept pu	irchase orders, and we	cannot invoice for co	onference fees.
A W-9 form for the Pl	niladelphia Section AIHA	can be provided upo	on request.
4th. Credit card pay the day of the conference	nyments will only be acc ments for walk-in attend ence (we ask you to plea the door on the day of t	dees (\$275) can be n ase complete and sul	nade at the door on
Mailed payments mus	st be sent to be <u>received</u>	<u>l</u> no later than Frida y	y, November 30th.
Mail this completed a	pplication and your payı	ment/registration info	ormation to:
	Philadelphia S PO Box Royersford,	c 126	

Submittal of this application indicates that you have read, understood and agree to our refund and inclement weather policies (see page 3 of the conference brochure for additional details).