 **2019 ENVIRONMENTAL HEALTH ANNUAL DIRECTORS CONFERENCE REGISTRATION** R.A. MacMullan Conference Center September 18th, 19th, and 20th, 2019

To register, please send your registration form to the address listed at bottom of page. If you have questions, Chris Westover can be contacted at 734-240-7921 or chris\_westover@monroemi.org.

**THE RAM CENTER WILL NOT ACCEPT REGISTRATION REQUESTS!!!**

Note: Registration with payment must be returned by **September 3rd, 2019. If payment is pending, please indicate on the registration below.**

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

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

$ 50 Wednesday session only – No lunch $\_\_\_\_\_\_\_\_

$ 75 One day conference registration plus lunch $\_\_\_\_\_\_\_\_

$150 Full conference Registration; includes lunches – Lodging is **NOT** included $\_\_\_\_\_\_\_\_

$225 Full conference registration; one night lodging (9/18 or 9/29) plus meals

(Note, you must specify lodging preference for 18th \_\_\_\_ or 19th \_\_\_\_\_) $\_\_\_\_\_\_\_\_

$300 Full conference registration; two nights lodging (9/18 & 9/19) plus meals $\_\_\_\_\_\_\_\_

$390 Three nights lodging (9/17, 9/18, & 9/19) plus all meals $\_\_\_\_\_\_\_\_

Note: **Single room accommodations are available upon request for an additional**

**$30/night. Please note which night(s) are requested for single room:**

**Tues\_\_\_\_\_\_\_ Wed\_\_\_\_\_\_ Thurs\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_

Payment Pending: \_\_\_\_ Total Enclosed: $\_\_\_\_\_\_\_\_

Mail check and registration form to: MALEHA

c/o: Chris Westover

**‘CHECKS PAYABLE TO MALEHA’** 15579 Orchard Meadows Dr.

Monroe, MI 48161