 **2021 ENVIRONMENTAL HEALTH ANNUAL DIRECTORS CONFERENCE REGISTRATION** R.A. MacMullan Conference Center September 15th, 16th, and 17th, 2021

To register, please send your registration form to the address listed at bottom of page. If you have questions, please contact Chris Westover at 734-915-0576 or chris\_westover@monroemi.org.

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

Note: Registration with payment must be returned by **August 30th, 2021. 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 (9/15 or 9/16) plus meals

(Note, you must specify lodging preference for 15th \_\_\_\_ or 16th \_\_\_\_\_) $\_\_\_\_\_\_\_\_

$300 Full conference registration; two nights lodging (9/15 & 9/16) plus meals $\_\_\_\_\_\_\_\_

$390 Three nights lodging (9/14, 9/15, & 9/16) 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