 **2023 ENVIRONMENTAL HEALTH ANNUAL DIRECTORS CONFERENCE REGISTRATION** R.A. MacMullan Conference Center September 13th, 14th, and 15th, 2023

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 25th, 2023. 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 $\_\_\_\_\_\_\_\_

$ 80 One day conference registration plus lunch $\_\_\_\_\_\_\_\_

$160 Full conference Registration; includes lunches – Lodging is **NOT** included $\_\_\_\_\_\_\_\_

$240 Full conference registration; one night lodging (9/13 or 9/14) plus meals

(Note, you must specify lodging preference for 13th \_\_\_\_ or 14th \_\_\_\_\_) $\_\_\_\_\_\_\_\_

$320 Full conference registration; two nights lodging (9/13 & 9/14) plus meals $\_\_\_\_\_\_\_\_

$410 Three nights lodging (9/12, 9/13, & 9/14) 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