

» AIHce 2009 Advance Registration + Hotel Reservations

1. Professional Registrant

Last/Family Name _____ First/Given Name _____
 (maximum two): PhD CIH CSP PE Other _____ Nickname _____
 Title _____ Organization _____
 Mail Conference Badge to: Home Office _____ Address _____
 City _____ State/Province _____ Country _____ Zip/Postal Code _____
 Telephone _____ Fax _____ Email _____

Check if applicable: Remove my name from mailing lists rented by AIHce 2009 First Time Registrant Course Instructor Technical Session and/or Poster Presenter
 Family Member/Guest (sharing hotel room; register below if participating in Hospitality Program.) _____

2. Hotel Reservation Request

AIHce is no longer booking hotel rooms; however, the following hotels will continue to take reservations at the AIHce rate, based on availability. Contact the hotel and indicate you are attending AIHce to get the discounted conference rate.

Sheraton Centre Toronto - 416-261-1000 No hotel required
 Westin Harbour Castle - 416-869-1600 Staying with family/friends Local resident
 The Fairmont Royal York - 416-368-2511 or 866-540-4489 (toll free) Room reserved in an AIHce hotel; hotel name: _____
 Delta Chelsea Hotel - 416-595-1975 or 800-243-5732 (toll free) Room reserved outside an AIHce hotel; hotel name: _____

3. Registration Categories and Fees	Early Received By April 30		Advance Received By May 29		On Site After May 29	
	Room reserved in AIHce hotel or local resident	Room not reserved in AIHce hotel	Room reserved in AIHce hotel or local resident	Room not reserved in AIHce hotel	Room reserved in AIHce hotel or local resident	Room not reserved in AIHce hotel
<input type="radio"/> 01 AIHA Member	\$490	\$640	\$580	\$730	\$690	\$840
<input type="radio"/> 02 ACGIH Member	490	640	580	730	690	840
<input type="radio"/> 03 Member Both (AIHA/ACGIH)	490	640	580	730	690	840
<input type="radio"/> 04 AIHA/ACGIH Honorary/Retired/Past President	55	155	55	155	55	155
<input type="radio"/> 06 Nonmember	670	820	760	910	870	995
<input type="radio"/> 07 Undergrad/Graduate Student Member	50	50	50	50	75	75
<input type="radio"/> 08 Undergrad/Graduate Student Nonmember (Verification)	100	100	100	100	125	125
<input type="radio"/> 09 One Day Member <input type="radio"/> Mon <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thur	275	375	300	400	350	450
<input type="radio"/> 10 One Day Nonmember <input type="radio"/> Mon <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thur	375	475	400	500	450	550
<input type="radio"/> 11 Expo Only – (Valid for 3 days)	125	225	125	225	150	250
<input type="radio"/> 12 Distributor – (Valid for 3 days)	125	225	125	225	150	250
<input type="radio"/> 97 Family Member/Guest (Participating in Hospitality)	65	165	75	175	85	185

Exhibitor Full Conference registrant DO NOT use this form, please see www.aihce2009.org, "Registration + Hotel; Exhibitor Registration"

4. Profile

..... **STOP! Complete before continuing with registration.**

Age Group: Under 30 31-40 41-50 51-60 Over 60
 Employment: Academia Consulting Government/Military Hospital/Health Care m Industry Other _____

Purchasing

During the year, I plan to make/influence product purchases of: The statement which best reflects my decision-making is: I plan on recommending/buying products within:

101 less than \$10,000 201 Recommend products and services 301 0-6 months
 102 \$10,000-24,999 202 Identify needs/make purchases 302 7-9 months
 103 \$25,000-49,999 203 Give final approval 303 10-12 months
 104 \$50,000-99,999 204 No role in purchasing
 105 more than \$100,000

Products and Services (check all that apply)

Products	408 <input type="radio"/> Emergency Response Planning	416 <input type="radio"/> Laboratory Health & Safety	425 <input type="radio"/> Respiratory Protection	504 <input type="radio"/> Industrial Hygiene Consulting
401 <input type="radio"/> Aerosol Technology	409 <input type="radio"/> Environment	417 <input type="radio"/> Lead Abatement	426 <input type="radio"/> Risk Assessment	505 <input type="radio"/> Laboratory
402 <input type="radio"/> Asbestos Abatement	410 <input type="radio"/> Ergonomics	418 <input type="radio"/> Nonionizing Radiation	427 <input type="radio"/> Safety	506 <input type="radio"/> Legal
403 <input type="radio"/> Biological Monitoring	411 <input type="radio"/> Hazardous Waste	419 <input type="radio"/> Occupational Epidemiology	428 <input type="radio"/> Toxicology	507 <input type="radio"/> Management Consulting
404 <input type="radio"/> Biosafety	412 <input type="radio"/> Hearing Conservation	420 <input type="radio"/> Product Health & Safety	Services	508 <input type="radio"/> Occupational Health Consulting
405 <input type="radio"/> Communication/Training	413 <input type="radio"/> Indoor Air Quality	421 <input type="radio"/> Protective Clothing	501 <input type="radio"/> Education/Training	509 <input type="radio"/> Public Relations
406 <input type="radio"/> Computer Applications	414 <input type="radio"/> Ionizing Radiation	422 <input type="radio"/> Protective Eyewear	502 <input type="radio"/> Insurance	510 <input type="radio"/> Publications/Trade Magazine
407 <input type="radio"/> Confined Space	415 <input type="radio"/> Laboratory Equipment	423 <input type="radio"/> Protective Glove	503 <input type="radio"/> Environmental Consulting	
		424 <input type="radio"/> Protective Wash		

MAIL

AIHce 2009/Experient
 568 Atrium Dr
 Vernon Hills, IL 60061-1731

FAX

(800) 521-6017
 International
 (847) 996-5401

INTERNET REGISTRATION AND HOTEL

www.aihce2009.org

REGISTRATION AND HOTEL QUESTIONS

aihce@experient-inc.com

PROGRAM QUESTIONS

(703) 849-8888
aihce@aiha.org

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	Advance BY 5/29	On Site AFTER 5/29
CSP – Fri./Sat./Sun.		
Member	\$775	\$875
Nonmember	\$865	\$965
Management Courses I & IV – Sat./Sun.		
Member	\$795	\$890
Nonmember	\$895	\$990
Professional Development Courses – Sat./Sun.		
HALF DAY		
Member	\$180	\$230
Nonmember	\$220	\$275
FULL DAY		
Member	\$315	\$400
Nonmember	\$395	\$485
TWO DAY		
Member	\$630	\$725
Nonmember	\$730	\$830
Time Management – Sunday		
Member	\$385	\$475
Nonmember	\$470	\$560
Symposium – Sunday		
Member	\$435	\$525
Nonmember	\$555	\$645

Full Name _____
 Fax _____ E-mail _____

5. Pre-conference Course Tickets

Do Not Select Conflicting Courses.

CSP – One 3-day course. Enter 001 (CSP) in all four time slots.

Management Courses – Two 2-day courses. Enter 002 (MC I) or 003 (MC IV) in all four time slots.

Time Management – One day course. Enter 004 in the Sunday AM and PM time slots.

Symposium – One day program. Enter 010 in the Sunday AM and PM time slot.

Professional Development Courses – Enter course number for five choices.

- To select a half-day course, 200 & 300 series (Sat), 500 & 600 series (Sun), enter the course number in the AM OR PM time slots.
- To select a full-day course, 100 series (Sat), 400 series (Sun), enter the same course number in the AM AND PM time slots.
- To select a two-day course, 700 series (Sat & Sun), enter the same course number in all four time slots.

TOTAL REGISTRATION
 (from reverse) \$ _____

Enter choices for Courses/Symposium	Friday/ SaturdayAM	Friday/ SaturdayPM	Sunday AM	Sunday PM
1st choice				
2nd choice				
3rd choice				
4th choice				
5th choice				

Total for Fri./Sat.
 first choice \$ _____

Total for Sunday
 first choice \$ _____

6. Optional Tours and Activities

Technical Tours – Limit one per professional registrant. No refunds after April 30

List Choices 1-3

By May 29/After May 29

- ___ TT-01 Going Green – Inside and Out (Mon PM) **SOLD OUT** . . . \$45/\$50
 ___ TT-02 CSAO Trades Training Centre (Mon PM) **Cancelled**. \$45/\$50
 ___ TT-03 Toronto Hydro Electric System Limited (Tue AM) \$45/\$50
 ___ TT-04 Sanofi Pasteur Limited (Tue PM) \$45/\$50
 ___ TT-05 IBM Toronto Software Laboratory (Wed AM) **Cancelled**. . . \$45/\$50
 ___ TT-06 Toronto Transit Commission (Wed AM) \$45/\$50

Subtotal \$ _____

Social Tours and Activities – No refunds after April 30.

After April 30

- ST-01 Toronto by Land,
 Toronto by Sea (Mon PM) \$57 # ___ x \$ ___ = \$ ___
 ST-02 A "Work of Art" (Tue PM) **Cancelled**. \$65 # ___ x \$ ___ = \$ ___
 ST-03 Blue Jays Baseball (Tue Eve) **SOLD OUT** \$50 # ___ x \$ ___ = \$ ___
 ST-04 A Day at the Falls (Wed) \$102 # ___ x \$ ___ = \$ ___

Subtotal \$ _____

Activities

By April 30/After April 30

- EV-01 Lab Accreditation (Sun-Mon) **Cancelled**. \$399/\$499 \$ ___
 EV-02 IH Mysteries Workshop (Mon) **SOLD OUT** \$35/\$45 \$ ___
 EV-03 AIHF Fun Run/Walk (no refunds) (Tue) . . . \$30/\$40 # ___ x \$ ___ = \$ ___
 EV-04 IH Mysteries Workshop (Tue) **SOLD OUT** \$35/\$45 \$ ___
 EV-05 IH Mysteries Workshop (Wed) **SOLD OUT** \$35/\$45 \$ ___
 EV-06 AIHF Conference Pin (no refunds) \$10/\$10 # ___ x \$ ___ = \$ ___

Total Tours and Activities \$ _____

Local, state, or federal government employees must provide a purchase order or PO# to register. Check the applicable box(es) in the Payment section below to facilitate processing. A credit card is required to guarantee hotel reservations and must be provided. Online registration/hotel reservations not available; fax or mail this form.

7. Payment

Forms will not be processed without registration payment and credit card to guarantee hotel room.

Check (U.S. Funds drawn on U.S. bank, payable to AIHce) American Express Mastercard Visa

PO # _____ Purchase Order will be forwarded at a later date.

Registration Payment

Card Number _____ Exp. Date _____ (exp.6/09 or later)

Signature _____

Printed Name on Card _____

Hotel Guarantee Check if same as above

Card Number _____ Exp. Date _____ (exp.6/09 or later)

Signature _____

Printed Name on Card _____

Cardholder signature as it appears on card. AIHce reserves the right to adjust payment according to purchases made. A credit card number is required to hold a room reservation; card will not be charged unless individual fails to cancel room within hotel guidelines.

Total Fees (sections 3, 5, 6)
 Registration Fee \$ _____

Family Member/
 Guest (optional) \$ _____

Course Tickets \$ _____

Optional Tours
 and Activities \$ _____

TOTAL \$ _____