

AIHce'08 Advance Registration & Hotel Reservations

1. Professional Registrant – Type or print clearly; badges and tickets will be mailed if registered by April 21, 2008.

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 2008 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 – Credit card required to hold room. Expiration date must be June 2008 or later.

Arrival Day/Date _____ Departure Day/Date _____ Send information on Shared Room Referral Program
 Hotel Selections: 1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____
 Give priority to: Lowest rate Government rate Location. If none of my choices is available: Book a room at any hotel Do not book a room
 Room Type: Single (1 person/1 bed) Double (2 people/1 bed) Double/Double (2 people/2 beds) Special Requests: Audio Visual Mobile Other _____
 Sharing with (other than family/guest named above) _____ Roommate registration # _____
 No hotel required Staying with family/friends Local resident Booked own hotel; hotel name _____
 (for emergency purposes only)

3. Registration Categories and Fees	Early Bird Received By March 21		Advance Received By April 21		On Site After April 21	
	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	\$475	\$625	\$560	\$710	\$670	\$820
<input type="radio"/> 02 ACGIH Member	475	625	560	710	670	820
<input type="radio"/> 03 Member Both (AIHA/ACGIH)	475	625	560	710	670	820
<input type="radio"/> 04 AIHA/ACGIH Honorary/Retired/Past President	55	155	55	155	55	155
<input type="radio"/> 06 Nonmember	650	795	740	890	850	995
<input type="radio"/> 07 Undergrad/Graduate Student Member	50	50	50	50	50	50
<input type="radio"/> 08 Undergrad/Graduate Student Nonmember (Verification required)	100	100	100	100	100	100
<input type="radio"/> 09 One Day Member Mon Tues Wed Thurs	4275	375	300	400	350	450
<input type="radio"/> 10 One Day Nonmember Mon Tues Wed Thurs	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	125	225	125	225	150	250
<input type="radio"/> 97 Family Member/Guest	65	165	65	165	75	175

Exhibitor Full Conference registrant DO NOT use this form, please see website at www.aihce2008.org.

***** STOP! COMPLETE BEFORE CONTINUING WITH REGISTRATION. *****

4. Profile

Age Group: Under 30 31–40 41–50 51–60 Over 60
Employment: Academia Consulting Government/Military Hospital/Healthcare 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)

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

MAIL

AIHce 2008/Experient
 108 Wilnot Road, Suite 400
 Deerfield, IL 60015-5124

FAX

(800) 521-6017
 International
 (847) 940-2386

INTERNET REGISTRATION AND HOTEL

www.aihce2008.org

REGISTRATION AND HOTEL QUESTIONS

aihce@experient-inc.com

PROGRAM QUESTIONS

(703) 849-8888
infonet@aiha.org

AIHce'08 Advance Registration & Hotel Reservations

	ADVANCE by April 21	ON SITE after April 21
Symposium – Sunday		
Member	\$425	\$510
Nonmember	\$540	\$625
EHMM/CSP – Fri./Sat./Sun.		
Member	\$750	\$850
Nonmember	\$840	\$940
Management Courses II & III – Sat./Sun.		
Member	\$795	\$890
Nonmember	\$895	\$990
Information Overload – Sunday		
Member	\$375	\$460
Nonmember	\$455	\$540
Environmental Management – Sunday		
Member	\$350	\$435
Nonmember	\$430	\$515
Professional Development Courses		
Half Day		
Member	\$175	\$225
Nonmember	\$215	\$265
Full Day		
Member	\$305	\$390
Nonmember	\$385	\$470
Two Day		
Member	\$610	\$705
Nonmember	\$710	\$805

Full Name _____
 Fax/Email _____

5. Pre-conference Course Tickets

Do Not Select Conflicting Courses.

- Symposium** – One day program. Enter 001 in the Sunday AM and PM time slot.
- EHMM/CSP** – Two 3-day courses. Enter 002 (EHMM) or 003 (CSP) in all four time slots.
- Management Courses** – Two 2-day courses. Enter 004 (MC II) or 005 (MC III) in all four time slots.
- Information Overload** – One day course. Enter 006 in the Sunday AM and PM time slots.
- Environmental Management** – One day course. Enter 007 in the Sunday AM and PM time slots.
- 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.

REGISTRATION (from reverse)

\$ _____

Enter choices for Courses/Symposia	Friday/Saturday A.M.	Friday/Saturday P.M.	Sunday A.M.	Sunday P.M.
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 tour per full professional registrant.

List Choices 1–5

By April 21 / After April 21

- ___ TT-01 St. Jude Medical (Mon. PM) \$40 / \$50
- ___ TT-02 Hennepin Energy (Mon. PM) 40 / 50
- ___ TT-03 Prairie Island Nuclear Power (Tues. AM) 40 / 50
- SS# Required: _____
- ___ TT-04 Marathon Petroleum (Tues. AM) 40 / 50
- ___ TT-05 Black Dog Power Plant (Tues. PM) 40 / 50
- ___ TT-06 3M Incinerator (Tues. PM) 40 / 50
- ___ TT-07 Gopher Resources (Wed. AM) 40 / 50
- ___ TT-08 Monticello Nuclear Power (Wed. AM) 40 / 50
- ___ TT-09 New Twins Stadium (Wed. AM) 40 / 50
- ___ TT-10 Ford Motor Company (Wed. PM) 40 / 50
- ___ TT-11 Burlington Northern Railroad (Wed. PM) 40 / 50

Subtotal \$ _____

Social Tours – No refunds after May 15.

By April 21 / After April 21

- ST-01 XX \$55 # ___ x \$ _____ = \$ _____
 - ST-02 XX 55 # ___ x \$ _____ = \$ _____
 - ST-03 XX 45 # ___ x \$ _____ = \$ _____
 - ST-04 XX 35 # ___ x \$ _____ = \$ _____
 - ST-05 XX 55 # ___ x \$ _____ = \$ _____
- Subtotal \$ _____

Activities

By April 21 / After April 21

- EV-01 Lab Accreditation Course \$399 / \$499 \$ _____
- EV-02 IH Mysteries Workshop 35 / 45 \$ _____
- EV-03 AIHF Fun Run/Walk (no refunds) 30 / 40 ... # ___ x \$ _____ = \$ _____
- EV-04 IH in the Courtroom 35 / 45 \$ _____
- EV-05 AIHF Conference Pin (no refunds) 10 / 10 ... # ___ x \$ _____ = \$ _____

Total Tours and Events \$ _____

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 is 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 # _____
- Registration payment AND hotel room guarantee below Registration payment only – See www.aihce2008.org for hotel guarantee instructions.
- Purchase Order or PO# will be forwarded at a later date; use credit card below for hotel guarantee.

Card Number _____ Exp. Date _____

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 \$ _____

