

PCIH 2009 Advance Registration + Hotel Reservation Form

DUPLICATE FORM AS NEEDED | ADVANCE DEADLINE: **AUGUST 24, 2009**

1. Professional Registrant (information will appear on badge as printed) Remove my name from mailing lists distributed by PCIH 2009.

Last Name _____ First Name _____
 Badge Name _____ Designation (up to 2) CIH CSP PhD Other _____
 Title _____ Organization _____
 Address _____
 City/Province _____ State/Zip _____ Country/Post Code _____
 Telephone _____ Fax _____ E-mail _____

2. Hotel Reservation: \$190 CAD single/double occupancy, plus applicable taxes.

No hotel required. I am staying at _____ (information to be used for emergency purposes only)
 Use the credit card below to guarantee my room reservation. I understand a credit card is required to hold the reservation.
 Arrival Day/Date _____ Departure Day/Date _____
 Check Single (1 person, 1 bed) Double (2 persons, 1 bed) Double/Double (2 persons, 2 beds)
 Sharing with _____ Special requests, describe: (non smoking, low floor, etc.) _____

3. PCIH Professional Registration (Oct. 5-6)

	By 8/24	After 8/24	
<input type="checkbox"/> AIHA/AIH Member	\$395	\$445	\$ _____
<input type="checkbox"/> Nonmember	470	545	\$ _____
<input type="checkbox"/> Student (verification required)	100	150	\$ _____
<input type="checkbox"/> One Day (check) <input type="checkbox"/> Mon <input type="checkbox"/> Tue	240	280	\$ _____

4. Workshops / Thinkshops / Technical Tours

Included in the conference fee; however, advance registration is strongly encouraged. Slots are filled first-come, first-served with no guarantee of on-site availability. Rank choices 1-4.

___ WS1: AIHA Value Strategy ___ TS5: Diacetyl
 ___ WS2: Ethical Fitness ___ TS6: Green Building Practices
 ___ WS3: EASC Modeling ___ TT01: Technical Tour: Museum of Anthropology
 ___ TS4: Exposures of the Skin ___ TT02: Technical Tour: Shipyard

Note: The tours and the workshops run concurrently.

5. Events / Education

Sunday, Oct. 4 By 8/24 After 8/24
 Steamworks Pub \$40 \$50 \$ _____

Breakfast Discussions (select one per day)

Monday, Oct. 5 (Special meal: Fruit Veg)
 BD1: Exposure Assessment \$40 \$45 \$ _____
 BD2: IH in the Courtroom 40 45 \$ _____
 BD3: International Certification 40 45 \$ _____

Tuesday, Oct. 6
 BD4: Combustible Dust \$40 \$45 \$ _____
 BD5: EAS Strategy 40 45 \$ _____
 BD6: Vapour Intrusion 40 45 \$ _____

Luncheon Discussions (select one per day)

Monday, Oct. 5 (Special meal: Fruit Veg)
 LD1: OELS \$50 \$55 \$ _____
 LD2: Occupational Risk 50 55 \$ _____

Tuesday, Oct. 6 By 8/24 After 8/24
 LD3: Core Competencies \$50 \$55 \$ _____
 LD4: Confined Spaces 50 55 \$ _____
 LD5: Preventing Hearing Loss 50 55 \$ _____

6. PDCs (Oct. 3 and Oct. 4)
 One Day \$315 \$385 \$ _____

Enter PDC Choice (1-3)

	Saturday, Oct. 3	Sunday, Oct. 4
1st	_____	_____
2nd	_____	_____
3rd	_____	_____

7. Exposure Assessment Symposium (Oct. 1-2)
 AIHA/AIH Member \$740 \$815 \$ _____
 Nonmember 820 920 \$ _____

8. Management Certificate Course (Oct. 3-4)
 AIHA/AIH Member \$795 \$890 \$ _____
 Nonmember 895 990 \$ _____

9. Payment
 Check enclosed (payable to PCIH 2009 in U.S. funds)
 Amex Visa MasterCard Total \$ _____
 Card Number _____
 Exp ____ / ____ Signature on Card _____
(I agree to pay the total corresponding to the cost of selected activities and according to the card issuer agreement)

Fax requests for registration changes and cancellations to (330) 963-0319 or e-mail PCIH@experient-inc.com by Monday, August 24. Changes and cancellations will not be accepted by telephone. A \$50 fee will be assessed on all cancellations. No refunds will be granted for cancellation requests received after Monday, August 24. Refunds will be issued 4 weeks after the conference.

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PLEASE RETURN TO:	BY MAIL: PCIH 2009, 2700 Prosperity Ave. Suite 250, Fairfax, VA 22031	BY FAX: 24 Hours - Credit Card Only (330) 963-0319	BY INTERNET: www.pcih2009.org
	FOR REGISTRATION AND HOTEL INQUIRIES CONTACT EXPERIENT AT (330) 425-9330		