



California Environmental Health Association

59th Annual Educational Symposium
Riverside Convention Center & Mission Inn, California
April 6- 9, 2010



2010 AES PRE-REGISTRATION FORM - PLEASE PRINT CLEARLY

Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____ CEHA Chapter: _____ NEHA Affiliate: _____
Employer or Company: _____
Name of Companion/Guest Attending (Additional meal/event tickets may be purchased): _____

| Please complete one form per person. No refunds after March 15, 2010 ONLINE REGISTRATION NOW AVAILABLE Retired Members of CEHA, please call (323) 634-7698 for rates. | Pre-Registration Discount | | On-Site Registration | | Amount Enclosed |
|---|---------------------------|------------|----------------------|--------------------------------|--------------------------|
| | Member | Non Member | Member | Non Member | |
| 3-Day Package: Wed-Fri Includes continental breakfast, lunch (except Friday) & Thursday Banquet (Roaring 20's) | \$375 | \$445 | \$420 | \$490 | |
| 2-Day Package Wednesday & Thursday Includes continental breakfast & lunch | \$260 | \$330 | \$305 | \$375 | |
| 2-Day Package Check One <input type="checkbox"/> W & F <input type="checkbox"/> Th & F Includes continental breakfast & lunch (no lunch on Friday) | \$210 | \$280 | \$255 | \$325 | |
| 1-Day Package: Check Day Attending <input type="checkbox"/> W <input type="checkbox"/> Th Includes continental breakfast & lunch | \$135 | \$205 | \$180 | \$250 | |
| 1/2-Day Friday only Package: Includes continental breakfast (no lunch) | \$75 | \$145 | \$120 | \$190 | |
| Student Rate: (meals not included) <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Provide proof of full-time enrollment with this form. Current actively employed Environ. Health Specialists not eligible. Note: The Student Forum is scheduled for Wednesday. | \$20 per day | | | | |
| Extra Lunch Ticket(s): Check Day(s) <input type="checkbox"/> W <input type="checkbox"/> Th | | | \$25 | | |
| "Sponsor a Student": (Registration & Lunch) Quantity _____ | | | \$45 | | |
| Extra Thursday Banquet & Dance Ticket(s): Quantity _____ | | | \$50 | | |
| Extra Exhibitor Reception: Check Day(s) <input type="checkbox"/> T <input type="checkbox"/> W | | | \$25 per day | | |
| Pre-Conference Events Meals not included Subject to cancellation based on minimum attendance | | | | | |
| Tour - Tuesday: Mills Water Treatment Plant (Max. 30) | | | | No Cost to Attend | <input type="checkbox"/> |
| Tour - Tuesday: Robert A. Nelson Transfer Station (Max. 20) | | | | No Cost to Attend | <input type="checkbox"/> |
| Tour - Tuesday: Mission Inn Catacombs (Max. 15 per tour, 3 tours) Quantity _____ 9:00 AM _____ 9:15 AM _____ 9:30 AM | | | | \$15 per person per tour | |
| Golf - Friday: Indian Hills Golf Resort (4 person teams) Quantity _____ | | | | \$50 | |
| New or Renewing Members: Include CEHA membership dues to register at the member rate! | | | | \$59 | |
| Tax Deductible Contribution to CEHA Scholarship Fund (optional) Please Select: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Other \$ _____ | | | | Scholarship Tax ID #68-0465067 | |

- Please omit my contact information from the Program List of Attendees
 Please indicate any dietary needs or other special accommodation needs: _____
 I have enclosed a check made payable to: California Environmental Health Association (Tax ID #23-7034973)
 Please charge my credit card (Visa, MasterCard, American Express or Discover): _____

Total Amount Due: \$ _____

Expiration Date: _____ / _____ Signature: _____

Mail or FAX with payment by **March 15, 2010** to:
CEHA 59th AES
110 S. Fairfax Ave, #A11-175
Los Angeles, CA 90036
Fax: (323) 571-1889

**No refunds
after March 15, 2010**

For information, call: (323) 634-7698,
E-mail: support@CEHA.org or,
Parvaneh Byrth at:
2010aeschair@CEHA.org
Look for updates at:
<http://www.CEHA.org/>

For room reservations please call the Mission Inn at (800) 843-7755 or (951) 784-0300, ext. 850. Request the CEHA Group Rate Discount of \$84.00 Single/Double. Sales tax not included in CEHA group rate. For additional hotel information, please visit their website at: <http://www.missioninn.com>. (Parking \$5.00/day) Hurry and book, when they're gone they're gone!