

California Environmental Health Association 72nd Annual Educational Symposium Bahia Resort Hotel March 4-7, 2024



Name (Please Print):			CEHA Chap	CEHA Chapter:		
Address:			NEHA Affiliate:			
Email Address:			REHS # (if applicable):			
Employer/Organization/School:			Phone:			
Each full-day package includes breakfast, lunch and exhibit hall viewing/reception						
If you would like to mail completed forms/checks, please email cehasouthwestchapter@gmail.com for mailing address and instructions.	Pre-Registration Discount (By 02/02/2024)		Postmarked after (02/02/2024)		NO REFUNDS	
For online registration and payments, please go to http://www.cehasouthwestchapter.org	Member	Non- Member	Member	Non- Member	AFTER (01/19/2024) Totals	
3-Day Package: TueThur. includes breakfast, lunch daily & Tuesday Social Event	\$575	\$695	\$640	\$760		
2-Day Package T □ W □ Th □ Check Days Attending (Social not included)	\$420	\$545	\$ 485	\$610		
1-Day Package T □ W □ Th □ Check Day Attending (Social not included)	\$265	\$385	\$ 330	\$450		
CEHA Retiree Rate T□ W□ Th□ Check Day(s) Attending (Social not included)	Contact registration via email.					
Speaker & Moderator Registration T □ W □ Th □ Check Day(s) Attending (Social not included)	Contact registration via email.					
Student Rate: Provide proof of full-time enrollment.	\$20/day					
Add-on Items						
Extra lunch ticket: Check day(s): $T \square W \square Th \square$	\$55					
"Sponsor a Student" (1-day Registration & Meals) Quantity:	\$75					
Guest Social Event ticket(s): Quantity:	\$50					
New and Renewing CEHA Members: Include CEHA membership dues to register at the member rate! \$65						
Tax deductible Contribution to CEHA Scholarship Fund (optional) Please select: \$10 \$20 \$50 \$100 \$100 \$00						
Pre-Conference Workshops : Monday, March 4, 2024						
EHTER (Environmental Health Training in Emergency Response)	\$100 (no lunch included) or \$160 (box lunch included)					
Ventilation Seminar	\$100 (no lunch included)					
Leadership Academy	\$100 (no lunch included) or \$160 (box lunch included)					

Total Amount Due: \$_____

**Please indicate any dietary restrictions, food allergies, or special need accommodations: Check all that apply (Write in where applicable): ☐ Vegetarian ☐ Low Sodium ☐ Gluten Free ☐ Vegan ☐ Diabetic ☐ Food Allergy: _____ □ Other: _____ Please indicate if you have any ADA audio, visual, or mobility accommodation needs: Payment options: ☐ I have enclosed a check made payable to: California Environmental Health Association (Tax ID #23-7034973) For credit card payments, go to http://www.cehasouthwestchapter.org to submit an online application form. * A 3.5% service fee will be added to credit card payments. **Any bulk payment for attendees must be preceded or accompanied by completed registration forms for each attendee. For room reservations, please call Bahia Resort Hotel, 998 West Mission Bay Drive, CA 92109 at (858) 381-3743, or http://www.bahiahotel.com/groupcode?code=CEHA24. Reference Code: CEHA24 Hotel rate: \$194/night (excluding taxes/fees) Complimentary self parking. Group rates available until

Cancellation/Refund Policy:

February 2nd, 2024.

Full refund is offered if cancellation is made before 01/19/2024. Refunds will not be available after 1/19/2024. Registration of equal or lesser value may be transferred to another person to attend after the refund deadline. Contact cehasouthwestchapter@gmail.com for further information or changes. Additional fees may apply.



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