

MICHIGAN ENVIRONMENTAL HEALTH ASSOCIATION

AN ORGANIZATION OF PROFESSIONALS DEDICATED TO THE IMPROVEMENT OF
HEALTH THROUGH MANAGEMENT OF THE ENVIRONMENT

Registration Form Deadline: September 12, 2008

**MEHA 15th Annual
Ground Water Conference
October 1st-3rd, 2008
Kettunen Center
Tustin, Michigan**

Important Instructions

1. **Each** registrant must complete a separate form.
2. Complete all parts of the form.
3. Copies of this form are OK.
4. Group checks are OK, but each registrant must complete a separate form.
5. After September 12, 2008 registration fees will be increased.
6. **No refunds after September 12, 2008.**

Name _____ Member Number _____

Agency/Business _____

Mailing address _____

City _____ State _____ ZIP _____

Telephone _____

Home _____ Work _____ E-mail _____

Note: Registration fee includes all meals, social hour, and breaks.

<u>Please check:</u>	Registration Fee by 9/12/08		Registration Fee after 9/12/08	
	Member	Nonmember	Member	Nonmember
___ Full Conference Registration (Wednesday, October 1 thru Friday, October 3)	\$110	\$155	\$130	\$175
___ Two Day Conference Registration only (Thursday and Friday, October 2 and 3)	\$80	\$125	\$100	\$145
___ Workshop only (Wednesday, October 1)	\$40	\$85	\$60	\$105
___ One day registration for Thursday, October 2	\$60	\$105	\$80	\$125
Student Registration – indicate which day(s)				
___ Wed (includes lunch)	\$25	\$25	\$25	\$25
___ Thurs (includes lunch)				
___ Friday (no lunch)				

Note: Lodging for a room at the Kettunen Center **MUST** be made through MEHA using the **Lodging Reservation Form**. **Include** the lodging fee with the registration fee in one check and mail with the Conference Registration form AND the Lodging Reservation Form to the MEHA office.

Conference Registration Fee \$ _____

Lodging Registration Fee plus \$ _____

Total Enclosed \$ _____

Make checks payable to:
Michigan Environmental Health Association

Mail Conference Registration and Lodging Registration forms
w/check to:

**MEHA
P.O. Box 13276
Lansing, Michigan 48901**

**Questions??
Call the MEHA office at (517) 485-9033
Fax (517) 485-6412
Web site - www.meha.net**

___ I have special dietary needs: _____