

**Western Occupational Health Conference 2010
September 30 – October 2, 2010
Newport Beach Marriott Hotel & Spa
Newport Beach, CA**

EARLY BIRD REGISTRATION FORM

Name: _____

Degree: _____

Title: _____

Company: _____

Address: _____

City/State/Zip _____

Phone: _____

Fax: _____

Email: _____

Spouse/Guest Name (if applicable) (\$75 guest fee) _____

PLENARY ONLY - TWO-DAY SESSION REGISTRATION:

(Friday and Saturday attendance)

ACOEM/WOEMA Members \$575

Non-Member Physicians \$725

RN/PA, other health professionals \$400

Retired ACOEM/WOEMA Members \$300

Residents/Students \$200

Guests (attending with a full-conference registrants) \$75

\$ _____ TOTAL REGISTRATION FEES

POST-GRADUATE SESSIONS :

(additional fees apply; sessions are TBD and can be added to your registration at a later date.

(Thursday, September 30th)

METHOD OF PAYMENT:

- **Check** (should be made payable to “WOHC” and made in U.S. dollars, drawn on U.S. Banks
- **Credit Card Type** (please circle one): Visa / Mastercard / Amex

Credit Card number: _____

Expiration Date: _____

Cardholder Name: _____

CANCELLATIONS: *No refunds after August 31, 2010.* Cancellations made prior to August 31, 2010 are subject to a 50% cancellation fee. Post-Graduate Sessions, Guest/Spouse Activities, and Special Events are subject to a minimum and maximum attendance. If the requirements are not met, we reserve the right to cancel or, if a sell-out occurs, we reserve the right to limit attendance where necessary.

**Western Occupational & Environmental Medical Association (WOEMA)
575 Market Street, Suite 2125
San Francisco, CA 94105**

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