



# NORTHEAST FALL CONFERENCE REGISTRATION FORM

Please join us for our 2024 Annual Fall Conference

## Nothing Derails Public Health: OEHA Keeping us on Track

Tuesday & Wednesday, October 15-16, 2024

**The Hilton Garden Inn**

8971 Wilcox DR. Twinsburg, Ohio 44087

**PLEASE PRINT OR TYPE CLEARLY – NAME BADGES WILL REFLECT REGISTRATION INFORMATION**

NAME OEHA MEMBERSHIP NUMBER REHS or EHSIT NUMBER (if applying for CEUs)

ORGANIZATION MAILING ADDRESS (where you want to receive your mail) CITY / STATE / ZIP

PHONE EMAIL

REGISTRATION <small>Note: Pre-registration <u>must</u> be postmarked by October 1<sup>st</sup> to receive this special pricing.</small>		BEFORE October 1st		AFTER October 1st		TOTAL
		Member	Nonmember	Member	Nonmember	
Registration	<b>Full Conference Registration</b> Includes up to 12 CEUs, 2 lunches, and snacks	\$115	\$195	\$130	\$210	
	<b>One-Day Registration</b> Includes up to 6 CEUs, 1 lunch, and snacks Specify the day:            October 15th            October 16th	\$65	\$140	\$80	\$150	
	<b>Life Member</b> Enjoy a reduced rate!	\$70 Full <i>or</i> \$45 1-Day		\$80 Full <i>or</i> \$55 1-Day		
	<b>Students</b> Enjoy a reduced rate! (sorry, undergrads only)	\$70 Full <i>or</i> \$45 1-Day		\$80 Full <i>or</i> \$55 1-Day		
	<b>Networking, Fun, and Food</b> – October 14th, 6pm Will you be attending?        Yes        No	\$10		\$10		
<b>OEHA 1yr Membership</b> Application at <a href="http://www.ohioeha.org">www.ohioeha.org</a> Please send a separate check for membership renewals!	\$70		\$70			
<b>GRAND TOTAL →</b>						\$

**Do you have dietary restrictions? If so, please explain.** \_\_\_\_\_  
Please note, dietary requests will not be able to made after October 1<sup>st</sup>.

**PAYMENT METHOD**

- Check Enclosed**  
Make check payable to **Ohio Environmental Health Association.**
- Purchase Order**(organizations only, terms 30 days from billing)  
Submit official purchase order # on organizational letterhead

**Refunds will only be given if requested on or before October 1, 2024.  
Requests after that date will be denied.**

**SEND FORMS & PAYMENTS TO:**  
**Northeast District OEHA**  
**c/o Courtney Myers**  
 4247 Avalon Rd. NW  
 Carrollton, OH 44615

**Email: [myersc@starkhealth.org](mailto:myersc@starkhealth.org)**  
**Phone: 330 451-1472**