

Southwest OEHA

2019 Fall Educational Conference

Wednesday & Thursday, October 2nd & 3rd Sinclair College

David H. Ponitz Center (Building #12) 301 W. Fourth Street, Dayton, Ohio 45402

768 Morgan Street

Cincinnati, OH 45206

REGISTRATION FORM

PLI	EASE PRINT OR TYPE CLEARLY – NAME BADGES WILL REFLECT REGISTF	AATION INFOR	MATION				
NAME			RS or SIT NUMBER (if applying for CEUs)				
OR	GANIZATION MA	ILING ADDRES	S (where you want	to receive your	mail) CITY / STAT	E / ZIP	
PH	ONE EMAIL						
	REGISTRATION Note: Pre-registration <u>must be RECEIVED</u> by September 16 th to receive this special pricing.	BEFORE September 16		AFTER September 16		TOTAL	
		Member	Nonmember	Member	Nonmember		
Registration	Full Conference Registration Includes up to 12 CEUs, 2 lunches and snacks	\$125	\$195	\$145	\$215	\$	
	One-Day Registration Includes up to 6 CEUs, 1 lunch & snacks! Consider the 2-day value! Specify the day: ☐ October 2 nd ☐October 3 rd	\$85	\$120	\$85	\$130	\$	
	Students Enjoy a reduced rate! (sorry, undergrads only)	\$90 2-Day <i>or</i> \$65 1-Day			\$		
	OEHA 1yr Membership Application on back of this page.	\$60			\$60	\$	
	Networking, Fun, and Food – October 3 rd , 5:00PM-ish after the last general session until? – Carillon Brewing Co. Will you be attending? ☐ Yes ☐ No	FREE To Come, Must Pay For Food & Drinks			\$0		
						\$	
P	Please verify your OEHA membership is current before selecting the member rate above. TOTAL						
PAY	MENT METHOD	1					
	Check Enclosed Make check payable to Ohio Environmental Health Association/OEHA.		SEND PAYMENT: OEHA c/o Eric Kepf				

conference. Contact Eric Kepf @ eric.kepf@hamilton-co.org with questions. Please send a separate check for membership renewal. Thank you!

Submit official purchase order # on organizational letterhead and an invoice will be provided. To receive CEU's payment must be received within 28 days of the

Purchase Order

Organizations only



P.O. BOX 234 COLUMBUS, OH 43216-0234 WWW.OHIOEHA.ORG

Membership Application				
Name:	RS/SIT#:			
Title:				
Home Address:	City:			
State: Zip:	County:			
Phone: Email:				
Employer Name:	Address:			
City: State: 2	Zip: Work Phone:			
Please send all correspondence to my (check one): Home Address Employer Address				
Please indicate Membership Type & Dues (check One):				
New Member: \$60.00	Active Member: \$60.00			
Student Member: \$30.00	Sustaining Member (Business/Company): \$60.00			
Life Member: \$0.00				
Please indicate your District by Residence (check one):				
Northeast Northwest	Southwest Southeast			
George Eagle Scholarship Donation:	+Dues: =Total:			

Find us online! www.ohioeha.org



