



**Midwest Regional Occupational Health Conference  
October 19, 20 & 21, 2011**

**REGISTRATION FORM  
WSAOHN Tax ID Number 39-1664535**



Name: \_\_\_\_\_ Credentials \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Email: \_\_\_\_\_ Fax number: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

AAOHN Member Number: \_\_\_\_\_ State: \_\_\_\_\_ Local Chapter: \_\_\_\_\_

**Pre-Conference or Single day Registration (Price per day):**

Wed. 10/19 \_\_\_\_\_ **OR** \_\_\_\_\_ Members \$ 175.00 per day  
Thur. 10/20 \_\_\_\_\_ **OR** \_\_\_\_\_ Non-members: \$200.00 per day  
Friday, 10/21 \_\_\_\_\_

**I will be attending the Board of Directors Reception during the Wisconsin River Boat Trip Wednesday, October 19 from 4:40-7pm** \_\_\_ Yes \_\_\_ No

**2011 Midwest Regional Occupational Health Conference** Thursday and Friday only  
October 20 & 21, 2011

\_\_\_\_\_ Members \$275.00  
\_\_\_\_\_ Non-members: \$325.00

\_\_\_\_\_ **Total amount enclosed**

Registration implies permission for photos, publicity and inclusion in a participant list unless the Education Committee chair is notified in writing prior to the program.

**WSAOHN, Attn. Joy Marks  
W5055 Moore Rd, Hilbert, WI 54129**

**Special Requests:** Please advise, at the time of registration, of any required special needs. Requests will be kept confidential