

**General Information**  
**Comprehensive Industrial Hygiene Review Course**  
**August 13-17, 2007**



**Offered by the Hawaii Section of the American Industrial Hygiene Association**  
**Co-sponsored by the University of Michigan Center for Occupational Health and Safety Engineering**

DATE: August 13-17, 2007

LOCATION: University of Hawaii at Manoa Campus  
Business Administration Building, Room D101

REGISTRATION FEE: Early Bird (before May 1) and Local Section Members \$600  
All Others \$750

Make check payable to: **UNIVERSITY OF HAWAI'I**. Mail with the registration form to: University of Hawai'i Conference Center; 2530 Dole St., C403; Honolulu, HI 96822.

DEADLINE: Deadline for early bird registration is - May 1, 2007. Form of payment must accompany the registration. Credit card numbers submitted with registration will be processed upon receipt. Registrations will not be processed without payment.

Government and company purchase orders with authorized signature will be accepted and must accompany the registration form. Participants registering by purchase order will be billed for nonattendance unless notification of withdrawal is made by August 1, 2007.

REFUNDS: Requests for refunds will be received at the UH Conference Center by August 1, 2007, in writing. No refunds will be made thereafter. Refunds will be mailed. Please allow approximately three to five weeks for processing.

ACCESSIBILITY ASSISTANCE: If you would like assistance due to a mobility, hearing or sight impairment, you are warmly encouraged to contact the Conference Center at 956-8204 by July 15, 2007.

PLEASE DIRECT ALL REGISTRATION INQUIRIES TO:  
UH Conference Center at (808) 956-8204.  
(808) 956-3364 (fax)

# REGISTRATION FORM

## Comprehensive Industrial Hygiene Review Course August 13-17, 2007

Feel free to copy this form for additional registrations  
Please **print or type**.

Name: \_\_\_\_\_  
Last First

Affiliation: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip code

Phone: \_\_\_\_\_  
business fax

Email address: \_\_\_\_\_

Registration fee: Early Bird or Local Section member \_\_\_\_\_ \$600  
All Others \_\_\_\_\_ \$750

### **Form of payment:**

Check made payable to the **University of Hawaii**

I hereby authorize University of Hawai'i the use of my credit card account:

VISA  MasterCard **Expir. date (Mo/Yr)** \_\_\_\_\_

Credit Card No. \_\_\_\_\_ (CVV2 Code) \_\_\_\_\_

Signature \_\_\_\_\_

Purchase order. P.O # \_\_\_\_\_

(Must accompany registration form)

Send registration form and payment to:

UH Conference Center  
2530 Dole St., Sakamaki, C403  
Honolulu, HI 96822

808.956.8204 [phone]; 808.956.3364 [fax]

UHCC I.D. #C08981

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Accessibility assistance: See general information