

General Information
Comprehensive Industrial Hygiene Review Course
August 18-22,2008



Offered by the Hawaii Section of the American Industrial Hygiene Association

DATE: August 18-22, 2008

LOCATION: University of Hawaii at Manoa Campus
Business Administration Building, Room D103

REGISTRATION FEE: Local Section Members \$600
All Others \$650

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 - June 1, 2008. 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, 2008.

REFUNDS: Requests for refunds will be received at the UH Conference Center by August 1, 2008, 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, 2008.

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 18-22, 2008

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. #C09753

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Accessibility assistance: See general information