



WEST VIRGINIA PUBLIC HEALTH ASSOCIATION  
94<sup>th</sup> Annual Conference

**“Public Health: Protecting Our Future”**

The Resort at Glade Springs  
Daniels, West Virginia  
September 18 – 21, 2018

**REGISTRATION FORM**

All attendees must be a member of the West Virginia Public Health Association to register for the conference. If not already paid, membership dues will be collected during registration.

**Pre-registration is encouraged. No refunds will be issued after September 10<sup>th</sup>.**

**New:** Section registration fees are included with Full Conference Registration, Two-Day, and Thursday only Registrations. All registration fees will be paid with one payment. Note: Section membership dues will still be coordinated by each section.

Carefully review the registration options on the second page to ensure you select the correct one. Please provide all the following information as you submit your conference pre-registration:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*Email address for correspondence and notifications:** \_\_\_\_\_

<i>Section Affiliation and Registration Fee</i>	<i>Section</i>	
	<i>Section</i>	<i>Section</i>
<b>NEW: Check only one section</b>	Dental <input type="checkbox"/>	Environmental Health <input type="checkbox"/>
	Finance, Operations and Computer Technology <input type="checkbox"/>	Health Administration <input type="checkbox"/>
	Local Health Officers <input type="checkbox"/>	Laboratory / Epidemiology <input type="checkbox"/>
	Professional Clerical <input type="checkbox"/>	Public Health Nursing <input type="checkbox"/>
	Public Health Retirees <input type="checkbox"/>	WV Association of Local Health Departments <input type="checkbox"/>
	Student Affiliate <input type="checkbox"/>	Onsite Professionals <input type="checkbox"/>

WEST VIRGINIA PUBLIC HEALTH ASSOCIATION  
Annual Conference Registration Form – Page Two

Pre-Registration

Full Conference Registration

(Includes Wednesday buffet,  
Thursday lunch and banquet)

\$ 175

Two-Day Registration (check one)

\$ 150

Wednesday – Thursday  
(Includes Wednesday buffet & Thursday lunch)

Thursday – Friday  
(Includes Thursday lunch and banquet)

Wednesday Only Registration

\$ 60

Thursday Only Registration (includes lunch)

\$ 100

Friday Only Registration

\$ 60

Retiree Registration

\$ 50

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*We welcome everyone who cannot make it for the full conference to join us for any and all meals.  
Please select the meal(s) you wish to attend. An additional fee applies.*

Wednesday buffet                      \$25    Number of Ticket(s): \_\_\_\_\_    Total:\$ \_\_\_\_\_

Thursday Lunch                        \$20    Number of Ticket(s): \_\_\_\_\_    Total:\$ \_\_\_\_\_

Presidents Reception & Banquet    \$35    Number of Ticket(s): \_\_\_\_\_    Total:\$ \_\_\_\_\_

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**WVPHA Membership Dues**     Pre-paid     \$ 20     \$ 15 for first time members

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**Total Payment**                      \$ \_\_\_\_\_

Payment Information:  
Check enclosed

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If you are paying by credit card at conference, you can pre-register by completing the form, saving to your computer and attaching it to an email to Bill Kearns at:

[Bill.G.Kearns@wv.gov](mailto:Bill.G.Kearns@wv.gov)

If you are paying by check, please complete the form, print, and mail to:

WVPHA

PO Box 11635

Charleston, WV 25339-1635

Feel free to contact Secretary, Danya Canterbury at [wvpublichealthassociation@gmail.com](mailto:wvpublichealthassociation@gmail.com), [danyacanterbury@frontier.com](mailto:danyacanterbury@frontier.com) or 304-553-3763 with any questions.

Rev 1/1/18