



WEST VIRGINIA PUBLIC HEALTH ASSOCIATION
 95th Annual Conference
 Canaan Valley Resort
 Davis, WV
 September 18-19, 2019

Public Health: Building Partnerships

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 10th.

New: Section registration fees are included with Conference Registration. 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>	
NEW: Check only one section	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"/>

Annual Conference Registration Form – Page Two

Full Conference Registration Registration

(Includes Wednesday banquet and Thursday lunch)

\$ 150

Wednesday Only Registration

\$ 60

Thursday Only Registration (includes lunch)

\$ 100

Retiree Registration

\$ 50

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 banquet \$35 Number of Ticket(s): _____ Total:\$ _____

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

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

Total Payment \$ _____ Payment Information:
Check enclosed

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

If you are paying by check, please complete the form, print, and mail to: WV PHA
PO Box 11635
Charleston, WV 25339-1635

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