



**California Association of Public Health Laboratory Directors
60th Annual Institute October 20-23, 2009
Monterey Bay- Seaside, CA**

REGISTRATION FORM

Name: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone No. _____ Fax No. _____

E-mail address: _____

1. I will not be attending this year.

2. Arrival date and time: _____

3. Departure date and time: _____

4. I will be attending: Tuesday lunch Wednesday lunch Thursday lunch
 Friday lunch

Please indicate if you will need special meal arrangements:

Vegetarian Other _____

5. Conferee Fees:

Full meeting cost is \$400 (before Oct 5th) \$ _____

OR - Daily @ \$100.00 per day for _____ days = \$ _____

\$ _____

6. *Association annual dues – \$500 \$ _____

TOTAL: \$ _____

(Enclose payment with reservation)

Checks should be made payable to: CAPHLD (California Association of PH Lab Directors)
Tax I.D. # 68-0026779

RESERVATIONS AND PAYMENTS MUST BE RECEIVED BY October 5th, 2009

Send completed form and check to: Michael R. Deatherage, Laboratory Director
El Dorado County Public Health Laboratory
931 Spring St.
Placerville, CA 95667
(530) 417-7172 FAX: (530) 642-8531

HOTEL RESERVATIONS SHOULD BE MADE DIRECTLY WITH EMBASSY SUITES MONTEREY BAY-SEASIDE.
See cover letter for details.

*Some members may elect to submit annual dues with registration payment