

REGISTRATION FORM

CIHC 2020-21 Monthly Webinars

Each webinar will convene 11:45 am – 1:00 pm Pacific time

Go to <https://cihconline.com/events> to register online or download this form.

PLEASE REGISTER ME FOR:

- Entire Monthly Webinar Series (total of 6)
- Tuesday, September 15, 2020
- Tuesday, October 13, 2020
- Tuesday, November 10, 2020
- Tuesday, December 8, 2020
- Tuesday, January 12, 2021
- Tuesday, February 9, 2021

Qualifies for ABIH CM and BCSP continuing education credits.

ATTENDEE PRICES:

Must register and pay online using Zoom link.
Each webinar requires a separate registration in order to receive attendee access information.

- | | |
|---|--|
| <input type="checkbox"/> Sept 15 th \$35 | <input type="checkbox"/> Dec 8 th \$35 |
| <input type="checkbox"/> Oct 13 th \$35 | <input type="checkbox"/> Jan 12 th \$35 |
| <input type="checkbox"/> Nov 10 th \$35 | <input type="checkbox"/> Feb 9 th \$35 |

Total Registration Fees \$ _____

No refunds will be issued after one week prior to the start of each webinar.

SPONSOR REGISTRATION (choose one):

- Tuesday, September 15, 2020
- Tuesday, October 13, 2020
- Tuesday, November 10, 2020
- Tuesday, December 8, 2020
- Tuesday, January 12, 2021
- Tuesday, February 9, 2021

SPONSOR FEE:

- \$250 includes logo with link to sponsor website posted on CIHC event website and in email blasts advertising the webinar, and sponsor representative's introductory remarks at the start of the webinar.

PAYMENT INFORMATION:

- Visa MasterCard AMEX Discover

Card # _____

Expiration Date _____ CSC Code _____

Name (as it appears) _____

Signature _____

Billing Address & Zip Code (if different from below):

Make checks payable to:

California Industrial Hygiene Council

Return completed registration and payment to:

*California Industrial Hygiene Council
c/o Aurora Industrial Hygiene
1132 Mission Street, Suite B
South Pasadena, CA 91030 **OR**
E-mail: gchan@auroraih.com*

Attendee or Sponsor Information:

Name: _____ Credentials: _____

Title: _____

Organization: _____

Street: _____

City/State/Zip: _____

Phone: _____ E-mail: _____