

## REGISTRATION FORM

CIHC 32<sup>nd</sup> Professional Development Seminar – November 28-30, 2023

EVENT VENUE: The Westin Long Beach, 333 East Ocean Blvd, Long Beach, CA 90802

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

### PLEASE REGISTER ME FOR:

- ☐ Entire 3-day Professional Development Seminar  
☐ In-person ☐ Virtual
- ☐ Tues, Nov 28, 2023 (includes lunch) ☐ In-person  
☐ Virtual
- ☐ Wed, Nov 29, 2023 (includes social) ☐ In-person  
☐ Virtual
- ☐ Thurs, Nov 30, 2023 ☐ In-person ☐ Virtual

*Qualifies for ABIH CM and BCSP continuing education credits.*

### AIHA/ASSE MEMBER PRICES:

#### Early Registration (ends 11/3)

- ☐ 3 days \$545  
☐ Day 1 \$225  
☐ Day 2 \$180  
☐ Day 3 \$180

#### Late Registration

- ☐ 3 days \$645  
☐ Day 1 \$245  
☐ Day 2 \$200  
☐ Day 3 \$200

#### Full Time Student

- ☐ 12/5 \$125 ☐ 12/6 \$50 ☐ 12/7 \$50

*(Include letter from school advisor to qualify for student registration rate.)*

**Total Registration Fees** \$ \_\_\_\_\_

**Non-AIHA/ASSE Members  
add \$100 to fees** \$ \_\_\_\_\_  
*(Not applicable to student rate)*

**GRAND TOTAL** \$ \_\_\_\_\_

**No refunds will be issued after November 21, 2023**

### MEMBER AFFILIATION:

#### AIHA LOCAL SECTION MEMBERSHIP

- ☐ Sacramento Valley ☐ Northern California  
☐ Orange County ☐ Southern CA ☐ San Diego  
☐ Not a Member, but desire to join

#### NATIONAL MEMBERSHIP

- ☐ AIHA ☐ ASSE

### 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:

2023 CIHC PDS  
c/o Aurora Industrial Hygiene  
2667 E. 28th Street #512  
Signal Hill, CA 90755 **OR**  
E-mail: [gchan@auroraih.com](mailto:gchan@auroraih.com)

### Attendee Information:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you amenable to including the above information in the final event program? ☐ Yes ☐ No

**Exhibitors/Sponsorship Opportunities Available - Visit <https://cihconline.com/events> for more information.**