

REGISTRATION/CHARGES:

You may register separately for each day of the conference: the **CCLHO Business Meeting** on Wednesday, the **Continuing Medical Education Program**, "**The Road to Resilience: A Public Health Approach to ACEs**" on Thursday and Friday, or you may register for the full conference at a discounted rate. Breakfast on each day, lunches for Wednesday and Thursday and the Wednesday evening reception are included in the full registration fee. Continuing Medical Education Credits for physicians and other professions are separate. Please see below for applicable charges. Please return the completed registration form with your check payable to "CCLHO" by **Wednesday, April 25, 2018** in order to avoid paying a late fee of \$20. Please note all guests must pay registration fees. **This meeting is a legal charge to the local health jurisdiction.** There is no state reimbursement for travel.

The Road to Resilience: A Public Health Approach to ACEs

Lake Natoma Inn, May 9-11, 2018

Name: _____ Credentials/Degrees: _____

Title: _____

Agency: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

CONFERENCE REGISTRATION - INCLUDES BREAKFASTS, WEDNESDAY AND THURSDAY LUNCHEAS AND WEDNESDAY EVENING RECEPTION:

	<u>Full Conference</u>	<u>Wednesday Only</u>	<u>Thursday Only</u>	<u>Friday Only</u>	<u>Amount</u>
Registration Fee:	\$475.00	\$215.00	\$215.00	\$90.00	
Student Rate: (must provide student verification)	\$200.00	\$100.00	\$100.00	\$50.00	
				REGISTRATION SUBTOTAL:	_____

HOAC MEMBERS & HOAC BUSINESS LUNCH - HOAC member Plan to attend Wednesday HOAC Lunch

CONTINUING MEDICAL EDUCATION - in addition to Registration Fee (Circle One)--Pay HOAC Dues and Save:

	<u>Thursday & Friday</u>	<u>Thursday Only</u>	<u>Friday Only</u>	
Physicians (HOAC member counties)	\$110.00	\$75.00	\$45.00	
Physicians (HOAC non-member counties & others)	\$220.00	\$150.00	\$90.00	
Other Professions (HOAC member counties)	\$55.00	\$40.00	\$20.00	
Other Professions (HOAC non-member counties & others)	\$110.00	\$80.00	\$40.00	
			CME SUBTOTAL:	_____

LATE FEE:

Postmarked After April 25th or On-Site Registration

Cancellation of paid registration must be in writing to CCLHO no later than Friday, April 27th

Refunds will be processed less a \$100 processing fee

\$20.00 _____

CCLHO POLO SHIRT (BURGUNDY):

Polo Shirt Size : Small Medium Large X-Large

\$20.00 _____

Please fax or email your registration information by **Wednesday, April 25th**

to (916) 440-7595 or CCLHO@cdph.ca.gov to receive your polo shirt at the conference.

TOTAL AMOUNT DUE: _____

TOTAL AMOUNT ENCLOSED: _____

BALANCE DUE: _____

VEGETARIAN/FOOD RESTRICTION:

Vegetarian Required for All Meals Other Dietary Restrictions: _____

Email, mail or fax this registration form by Wednesday, April 25th to:

Please make all checks payable to "CCLHO"

Please note that CCLHO is not able to accept credit card payments at this time

California Conference of Local Health Officers

CDPH, PO Box 997377, MS 7003

Sacramento, CA 95899-7377

Phone: (916) 440-7593

Fax: (916) 440-7595

Email: CCLHO@cdph.ca.gov

TWENTY-SEVENTH ALMOST SEMIANNUAL 5K FUN RUN, WALK OR CRAWL

27TH ALMOST SEMIANNUAL 5K FUN RUN, WALK OR CRAWL

May 10, 2018, 6:30 a.m. - 7:30 a.m. Participating in the Fun Run is free!

Name: _____ **Yes! I would like to participate in the Fun Run, Walk or Crawl**