

HOAC Business Meeting/Luncheon

Tuesday, September 9, 2008

REGISTRATION: FOR HEALTH OFFICERS ONLY (to cover HOAC Business Meeting and Lunch)

Name _____

Title _____

Agency _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ Email _____

Registration - Includes HOAC Business Meeting and Lunch:

Location: Spataro Restaurant, 1415 L Street, Sacramento

AMOUNT:

Registration Fee: \$42 _____

Late Fee:

Postmarked After August 25th \$20 _____

Cancellation of paid registration must be in **writing to CCLHO prior to the day of the meeting.**
Refunds will be processed less a \$30 processing fee.

TOTAL AMOUNT PAID: _____

Vegetarian/Food Restriction:

Vegetarian Required for All Meals

Other Restriction: _____

Please mail this form with your check payable to "CCLHO" by August 25, 2008 to:

Roberta Lawson, Executive Administrator
California Conference of Local Health Officers
P.O. Box 997377, MS 7003
Sacramento, CA 95899-7377
Phone: (916) 440-7594 FAX: (916) 440-7595