

**REGISTRATION/CHARGES:**

You may register separately for each day of the conference: the **CCLHO Business Meeting** on Wednesday, the **Continuing Medical Education Program, "Politics, Policy, and Legal Authority in Public Health"** 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 nurses are separate. Please see below for applicable charges. Please return the completed registration form with your check payable to "CCLHO" by **Wednesday, September 27, 2017** 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.

## Politics, Policy, and Legal Authority in Public Health

Resort at Squaw Creek, October 11-13, 2017

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:                                    | \$450.00               | \$205.00              | \$205.00             | \$85.00                       |               |
| Student Rate:<br>(must provide student verification) | \$175.00               | \$90.00               | \$90.00              | \$45.00                       |               |
|  |                        |                       |                      | <b>REGISTRATION SUBTOTAL:</b> | _____         |

**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 &amp; 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              |       |
| Nurses (HOAC member counties)                  | \$55.00                      | \$40.00              | \$20.00              |       |
| Nurses (HOAC non-member counties & others)     | \$110.00                     | \$80.00              | \$40.00              |       |
|  |                              |                      | <b>CME SUBTOTAL:</b> | _____ |

**LATE FEE:**

**Postmarked After September 27<sup>th</sup> or On-Site Registration**

Cancellation of paid registration must be in writing to CCLHO no later than Friday, September 29<sup>th</sup>

**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, September 27<sup>th</sup>**

to (916) 440-7595 or [CCLHO@cdph.ca.gov](mailto: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, September 27<sup>th</sup> 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](mailto:CCLHO@cdph.ca.gov)

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

**26TH ALMOST SEMIANNUAL 5K FUN RUN, WALK OR CRAWL**

October 12, 2017, 6:30 a.m. - 7:30 a.m. Registration for the Fun Run is free!

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