

# “Best Practices” Registration Form

I wish to register for the conference

Check the appropriate box(es) below:

Pre-Conference Fee:  \$75.00 USD  \$60.00 USD ICOH members

Conference Fee:  \$250.00 USD *if received by August 30, 2002*

\$295.00 USD *if received after August 30, 2002*

\$220.00 USD ICOH Members

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(for registration purposes only)*

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Billing Address \_\_\_\_\_

*(only if different from above address)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

My primary responsibility is:

Ergonomics  Nursing

Hazardous Materials  Safety

Industrial Hygiene  Para-professional

Medicine  Other \_\_\_\_\_

## Mail Registration to:

North Carolina ERC

3300 Hwy 54 West

Chapel Hill, NC 27516-8264

TOLL FREE 1-888-235-3320

Phone: (919) 962-2101

FAX: (919) 966-7579

Email: [oshercww@sph.unc.edu](mailto:oshercww@sph.unc.edu)

[www.sph.unc.edu/osherc/](http://www.sph.unc.edu/osherc/)

## Method of Payment:

Check (payable to UNC-CH in USD) \$ \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

✓ *the appropriate box:*  Visa  MasterCard  American Express

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_