# 2004 CSTE Annual Conference Registration
# BOISE, IDAHO • JUNE 6-9, 2004

## PARTICIPANT INFORMATION (please print)

Name _____ Degrees _____

Organization _____

Title _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Fax _____ E-mail _____

(Please select one)
**Affiliation:** ☐ CSTE Member ☐ SENSOR/ABLES ☐ NASPHV ☐ Other _____
**Primary Area of Work:** ☐ Chronic Disease ☐ Environmental ☐ Infectious ☐ Injury ☐ Zoonotic
☐ Maternal and Child Health ☐ Occupational ☐ Oral Health ☐ Bioterrorism ☐ Other: _____

## CONFERENCE REGISTRATION

To register at the member rate, your membership must be current with CSTE through 12/31/04. If your membership cannot be verified, you will be charged the non-member rate. The deadline for pre-conference registration is May 7, 2004, after this date registrations will only be accepted on site. On-Site registration fees will be the same price as pre-conference fees (April 1 – May 7).

**CSTE Member Annual Dues:** I am not a member of CSTE, but I would like to join and take advantage of the discounted member registration rates. Please make me a new member.

| | New Member | Returning Member | Indicate Amounts |
|---|---|---|---|
| ☐ Active Membership | $ 30 | $ 40 | _____ |
| ☐ Associate Membership | $ 30 | $ 40 | _____ |
| ☐ Student Membership | $ 25 | $ 25 | _____ |

## REGISTRATION FEES:

| Member | Early-Bird *Before March 31* | Pre-Conference *April 1 – May 7* | | |
|---|---|---|---|---|
| ☐ Full Conference | $ 375 | $ 425 | | _____ |
| ☐ Two Day | $ 275 | $ 325 | | _____ |
| ☐ One Day | $ 175 | $ 225 | | _____ |
| ☐ Student – Full Conference* | $ 175 | $ 225 | | _____ |
| ☐ Pre-Conference Workshop I Train-the-Trainer | $ No Fee | | | _____ |
| ☐ Pre-Conference Workshop II Pandemic Influenza Planning | $ No Fee | | | _____ |
| ☐ **SOLD OUT!!** Tuesday, President's Banquet | $ 30 | $ 40 | *# of Tickets* ____ | _____ |
| ☐ Guest Registration* | $ 65 | $ 85 | | _____ |

Name of Guest _____

| Non-Member | Early-Bird *Before March 31* | Pre-Conference *April 1 – May 7* | | |
|---|---|---|---|---|
| ☐ Full Conference | $ 425 | $ 465 | | _____ |
| ☐ Two Day | $ 325 | $ 365 | | _____ |
| ☐ One Day | $ 225 | $ 265 | | _____ |
| ☐ Pre-Conference Workshop I Train-the-Trainer | $ No Fee | | | _____ |
| ☐ Pre-Conference Workshop II Pandemic Influenza Planning | $ No Fee | | | _____ |
| ☐ **SOLD OUT!!** Tuesday, President's Banquet | $ 35 | $ 45 | *# of Tickets* _____ | _____ |
| | | | **Total Due** | _____ |

**PAYMENT INFORMATION / CANCELLATION POLICY**

☐ **Check** enclosed Check#_____ Amount _____ Make checks payable to **CSTE**.

For **Credit Card payments**, please register on-line at www.cste.org. We accept American Express, MasterCard, VISA, Discover, and Diner's Club.

**Purchase orders and/or training authorization forms are not accepted**. Registrants are personally responsible for all money due.

**Cancellation Policy:** Notice of cancellation prior to the conference must be received in writing to CSTE and a cancellation fee of $100 will be deducted from meeting registration. Requests for refunds post conference must be received within 15 days from the last day of the conference and a refund fee of $200 will be deducted from meeting registration. No refunds for food and beverage either before or after the conference.

** For Student Registration, Attendee must be a current Student Member of CSTE*

** Guest Registration is for the Spouse of a Member registered for the Full Conference*