

Attachment 3a. Sample Conference Registration Forms (Immersion) (screenshots)

Sample EHLR Registration Forms (using conference platforms to sign up for “EHLR Immersion Training” session)

We are presenting this attachment to show alternate registration methods for the “EHLR Immersion Training.” We assume that conference registration will take an estimated 10 minutes, and a 3-minute subset of that time is estimated be used to register for the “EHLR Immersion Training” conference session.

Participants who have successfully completed Module 1, 2, and/or 3 of the EHLR Basic training are eligible to apply for the corresponding EHLR Immersion course.

A compilation of environmental and public health conference registration forms is shown below.

Target Conference Registration Form Examples:

Google search https://www.google.com/search?sxsrf=APq-WBslUV8AGSdECFHFpyUlxPwEyoOVZA:1645196721810&source=univ&tbm=isch&q=environmental+conference+registration+forms&fir=4jHe4msF7o64WM%252CPft1uZvum8FJbM%252C_%253BmmNBbed3bvFT4M%252Cet_Id87OXRcgcM%252C_%253BHiiM4WLCQtOz2M%252CPft1uZvum8FJbM%252C_%253BsZhceZekGkRhAM%252CJfE8jLxE2u3eM%252C_%253BqRNpHbn5z5y3aM%252CS0Od0LZuAPBhDM%252C_%253BBzcVeK6yxIp5dM%252CPft1uZvum8FJbM%252C_%253BqFUw1Ek7uj5qhM%252CfiVpjeQVbCOenM%252C_%253BO1YilcA5iOdQHM%252CPft1uZvum8FJbM%252C_%253BOJKQEoLroD-LVM%252CPbWrAVN9RvOCOM%252C_%253BiDDaxixs_vmBYM%252CWSQTNVg9SepaxM%252C_&usg=AI4_-kQcklNrj0QPndd4yGMeSF3Gxa85ww&sa=X&ved=2ahUKEwj_g8Gxw4n2AhVNgnIEHQ7XArAQjJkEegQIKxAC&biw=1536&bih=714&dpr=1.25

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EHLR Registration Forms

Form Approved

OMB No. 0923-0060

Expiration Date: XX/XX/XX

Thank you for completing the registration form for the Environmental Health Land Reuse (EHLR) Training.

ATSDR estimates the average public reporting burden of this collection of information as 3 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, MS H21-8 Atlanta, Georgia 30333; ATTN:

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Brownfields 2021 (fillable form, estimated 10 mins):



2021 National Brownfields
Training Conference

Registration Form

Oklahoma City Convention Center 100 Mick Cornett Drive, Oklahoma City, OK 73109

Pre-registration fees will be available until December 7, 2021 at 11:59 PM. On-site registration will open at 7:30 AM on Wednesday, December 8, 2021 at the Oklahoma City Convention Center. Please allow additional time for registration confirmation for forms submitted via fax or mail. Payment must be received with registration form.

1. Contact Information (all fields are required)

NAME (to appear on badge): _____
 COMPANY/ORGANIZATION: _____ TITLE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 COUNTRY: _____ PHONE: _____ FAX: _____
 E-MAIL: _____
 EMERGENCY CONTACT NAME: _____
 EMERGENCY CONTACT PHONE: _____ ON-SITE PHONE: _____
 SPECIAL NEEDS (e.g., wheelchair, facilities, ASL, interpreter, dietary): _____

If you do not want your name and contact information listed in The 2021 National Brownfields Participant List, please check the box at the left.

How did you find out about The 2021 National Brownfields Training Conference?

- I have attended a prior conference
- Referred by a friend
- Referred by work
- Postal mailing
- Website link/online advertisement
- Magazine/newspaper advertisement
- Social Media Facebook/LinkedIn/Twitter

Have you attended a Brownfields Conference before?

- Yes, I have only attended the 2019 Brownfields Conference in Los Angeles, CA
- Yes, I have only attended the 2017 Brownfields Conference in Pittsburgh, PA
- Yes, I have only attended the 2015 Brownfields Conference in Chicago, IL
- Yes, I have attended 2-4 conferences
- Yes, I have attended 5 or more conferences
- No, first time attending

2. Registration Category & Fees

Stakeholder Group	Pre-Registration Fee (available until December 7, 2021 at 11:59pm)	On-Site Registration Fee (begins at 7:30 AM on December 8, 2021)
<input type="checkbox"/> AS – Academia/Student (student/faculty ID required)	\$50	\$50
<input type="checkbox"/> CG – Community Group	\$125	\$150
<input type="checkbox"/> EJ – Environmental Justice		
<input type="checkbox"/> NP – Non-Profit		
<input type="checkbox"/> LG – Local Government	\$200	\$250
<input type="checkbox"/> SG – State Government		
<input type="checkbox"/> FG – Federal Government		
<input type="checkbox"/> TG – Tribal Government		
<input type="checkbox"/> PS – Private Sector	\$325	\$400

International Attendees: When registering, please select the registration category that best describes your stakeholder group in your country of origin. If you need assistance, please contact Matt Watson at mwatson@oma.org

3. Stakeholder Information

Please check the (1) box that best describes your stakeholder group:

- | | | |
|--|--|--|
| <input type="checkbox"/> a. Academia/Student | <input type="checkbox"/> f. Environmental Justice | <input type="checkbox"/> j. Real Estate/Economic Redevelopment |
| <input type="checkbox"/> b. Attorney/Legal Services | <input type="checkbox"/> g. Federal Government | <input type="checkbox"/> k. State/Tribal Government |
| <input type="checkbox"/> c. Banking/Finance/Insurance | <input type="checkbox"/> h. Local Government | <input type="checkbox"/> l. Technology |
| <input type="checkbox"/> d. Community Group/Non-Profit | <input type="checkbox"/> i. Planning/Design/Architecture | <input type="checkbox"/> m. Other: _____ |
| <input type="checkbox"/> e. Engineering/Environmental Services | | |

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2018 Youth Environmental Leadership Conference

Youth Environmental Leadership Conference (YELC)  **DEADLINE DATE:**
September 28, 2018
5:00 PM

NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED
YOU MUST INCLUDE ALL FORMS ATTACHED WITH THIS APPLICATION ON YOUR APPLICATIONS WILL NOT BE ACCEPTED

Team Application - Teachers/Advisors must complete this form.

2018 YELC CONFERENCE	
Team Name:	
School:	
School Mailing Address:	
City:	State: Zip:
Phone:	

No more than 3 Teams per School
Conference Attendance (maximum 8 students per team)
Please include bus information (driver's name, phone number) in case of an emergency.

Fill out this form on ALL TEAMS ONLY
Type on ALL OTHER FORMS for all who will be attending.

Team #	First Name	Last Name	Grade #	Phone Mailing Address (Lines 1 & 2)	Ph # with Area Code
1		Adviser (not)			
2		Adviser (not)			
3		Adviser (not)			
4		Adviser (not)			
5		Adviser (not)			
6		Adviser (not)			
7		Adviser (not)			
8		Adviser (not)			
9		Adviser (not)			
10		Adviser (not)			
11		Adviser (not)			
12		Adviser (not)			
13		Adviser (not)			
14		Adviser (not)			
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37		Adviser (not)			
38		Adviser (not)			
39		Adviser (not)			
40		Adviser (not)			
41		Adviser (not)			
42		Adviser (not)			
43		Adviser (not)			
44		Adviser (not)			
45		Adviser (not)			
46		Adviser (not)			
47		Adviser (not)			
48		Adviser (not)			
49		Adviser (not)			
50		Adviser (not)			

1. Teacher/Advisor Name:	State:
City:	
Phone (work):	Phone (cell):
2. Teacher/Advisor Name:	State:
City:	
Phone (work):	Phone (cell):

Please return via email to: marisa@ndlegislature.gov

Association of WV Solid Waste. Fillable PDF Registration

Attendee Registration Form
2016 WV Educational Conference on Litter Control & Solid Waste Management
Presented by the Association of WV Solid Waste Authorities and the WV Department of Environmental Protection/REAP

October 23 – 25, 2016 at Waterfront Hotel, Morgantown, WV
To make room reservations call 804-296-1700 group ID 4314871 or go online at
<http://bookings.hotelier.com/bookings.do?groupID=1536140&hotelID=30777>

The standard room rate for our group is \$135 per night which includes a resort fee, state and local taxes.
Self-parking is \$8 located in the Hotel / Conference Center Parking Garage and includes in and out privileges for the garage. Valet parking is \$13 nightly.

All rooms are non-smoking. Please make your reservations early, the deadline is Tuesday, October 4, 2016

Name: _____
Name Badge Preference: _____
Name badges are required during all meals
Affiliation: _____ Title: _____
Spouse/Guest Name*: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____

Please list the number of years you have attended this annual conference: _____

FULL CONFERENCE includes registration fee, all sessions, & all meals _____ \$185
SPOUSE/GUEST includes registration fee, all sessions, & all meals (*does not pay full registration) _____ \$185

****ALL ATTENDEES!** Please indicate number of registrations requesting vegetarian meal option by placing the number needed here: _____ Vegetarian Meal Registration(s) Option

Children under 4 free. Children 5 and up _____ \$90
_____ Number of children under 4 attending _____ Number of children 5 and over attending

Sunday Night Taste of West Virginia & Murder Mystery _____ \$50
Monday Night Awards Banquet ONLY _____ \$50

Pork Tenderloin Chicken Marsala Vegetarian

GRAND TOTAL ENCLOSED WITH THIS FORM \$ _____

Make checks payable to: Association of WV Solid Waste Authorities
Mail checks and registration forms to: Diana Hald
WV Department of Environmental Protection
601 57th Street, SE
Charleston, WV 25304

If you have questions about completing this form please call: Diana Hald 804-926-0409, Extension 1104

\$135 processing fee will be assessed for all cancellations. No refunds will be made after October 4, 2016

APHA 2020

https://www.google.com/search?q=APHA+conference+registration+forms&tbm=isch&ved=2ahUKewjTgqXyxYn2AhVMgnIEHdeYD34Q2-cCegQIABAA&oq=APHA+conference+registration+forms&gs_lcp=CgNpbWcQAzoHCCMQ7wMQJ1DMDFIcEmC4KWgAcAB4AIABSjgB1AKSAQE1mAFAoAEbqgELZ3dzLXdpei1pbWfAAQE&sclient=img&ei=UrgPYtORIMyEytMP17G-8Ac&bih=714&biw=1536#imgrc=eTNLjAvAoM2YsM

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APHA 2020 REGISTRATION FORM

APHA 2020 REGISTRATION FORM
 Early Bird Deadline: **09/14/20** | Abstract Deadline: **09/14/20**
 Register at: www.apha.org/registration

STEP 1: NAME/ADDRESS

APHA Membership Number: _____ Expiration Date: ____/____/____

Check all that apply: American Member Student Member/Parent/Partner

How do you prefer to be contacted? (please check all that apply) Email Direct Neither

First Name: _____ Last Name: _____

City: _____ State (select): _____

Address: _____

Phone Number: _____ Email Address: _____

Work Email: _____

Cell: _____ Home: _____ Fax: _____

Company Name: _____

APHA Member ID# (if you are not a member, please do not enter)

STEP 2: ACADEMICITY

Indicate whether you fully anticipate a doctoral degree, master's or other educational requirements.

STEP 3: AREA(S) OF INTEREST

Indicate your area(s) of interest by checking the appropriate box for each category area of interest.

<input type="checkbox"/> Aging	<input type="checkbox"/> Health Equity	<input type="checkbox"/> Occupational Health
<input type="checkbox"/> Alcohol, Tobacco and Other Psychoactive Substance Use	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Opioids
<input type="checkbox"/> Antibiotic Resistance	<input type="checkbox"/> Health Literacy in Underserved Populations	<input type="checkbox"/> Pharmaceutical Biotechnology (Drug & Medicine)
<input type="checkbox"/> Asthma and Allergies	<input type="checkbox"/> Health Policy & Law/Ethics	<input type="checkbox"/> Public Health
<input type="checkbox"/> Cancer	<input type="checkbox"/> Health Services Research	<input type="checkbox"/> Population Sciences
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Health Services Delivery Programs	<input type="checkbox"/> Professional International Associations and Institutions
<input type="checkbox"/> Chemical Hazards	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Climate & Environmental Health	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Policy
<input type="checkbox"/> Communication	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Community-based Research	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Counterterrorism, Chemical and Nuclear & Radiological Hazards	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Disease Prevention	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Educational Research & Practice	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Educational Programs	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Evidence-based Practice	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Environmental Health Management Solutions	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Event & Public Health	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Genetics	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> Global Health Initiatives	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice
<input type="checkbox"/> International & Global Health and Health	<input type="checkbox"/> Health Systems Research	<input type="checkbox"/> Public Health Practice