

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%252CJfE8jLxtE2u3eM%252C_%253BqRNpHbn5z5y3aM%252CS0Od0LZuAPBhDM%252C_%253BBzcVeK6yxlp5dM%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		
<input type="checkbox"/> SG – State Government	\$200	\$250
<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 (if applicable). Be sure someone is available to assist.

Please follow T-Share.com. **NO LATE FEES!**

Type ON ALL OTHER FORMS for all who will be attending.

#	First Name	Last Name	Grade #	Phone Mailing Address (Lines 1 & 2)	Ph # with Area Code
1					
2					
3					
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50					

1. Teacher/Advisor Name:		State:
E-mail:		
Phone (work):	Phone (cell):	
2. Teacher/Advisor Name:		State:
E-mail:		
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&ogq=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

Registration Deadline: **8/14/20** | Abstract Deadline: **8/21/20**
 Abstract Submission System: [APHA 2020](#) | Abstracts Open: **8/14/20**

STEP 1: NAME/ADDRESS

APHA Membership Number: _____ Registration Date: _____

Check all that apply: American Member Lifetime Member/Platinum Member
 How do you prefer to be addressed: professional/practitioner, student and parent? Male Female

Last Name: _____ First Name: _____
 Middle Name: _____
 Degree: _____
 Address: _____
 City: _____ State: _____ Zip: _____

APHA Member ID: _____

STEP 2: ACCREDITATION
 Please indicate how you wish to be accredited for this conference based on your educational background.

STEP 3: AREAS OF INTEREST
 Indicate your areas of interest by selecting the appropriate boxes for the distribution area of interest.

- | | | |
|--|---|---|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Health Equity | <input type="checkbox"/> Implementation |
| <input type="checkbox"/> Alcohol, Tobacco Use, and Other Psychoactive Substance Use | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Applied Behavior Analysis | <input type="checkbox"/> Health Literacy in Underserved Populations | <input type="checkbox"/> Pharmaceutical, Biotechnology, Group & Behavior |
| <input type="checkbox"/> Asthma and Allergies | <input type="checkbox"/> Health Policy & Advocacy | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Health Promotion Practice | <input type="checkbox"/> Population Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Health Quality | <input type="checkbox"/> Professional Societies, Associations and Institutions |
| <input type="checkbox"/> Child Health/Development | <input type="checkbox"/> Health Services/Evidence Programs | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Health Services/Evidence Research | <input type="checkbox"/> Publications/Electronic |
| <input type="checkbox"/> Clinical & Behavioral Science | <input type="checkbox"/> Health Systems/Health Information Systems | <input type="checkbox"/> Publications/Traditional |
| <input type="checkbox"/> Communication | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Publications/Traditional (e.g. articles/journals) |
| <input type="checkbox"/> Community Health Science | <input type="checkbox"/> Infectious Diseases (incl. antimicrobial resistance) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Community Engagement, Culture and Health Promotion | <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Research |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> International/Global Health | <input type="checkbox"/> Social Health |
| <input type="checkbox"/> Disease Prevention | <input type="checkbox"/> Interdisciplinary Research | <input type="checkbox"/> Social and Population Health (Health, Policy & Practice) |
| <input type="checkbox"/> Educational Research & Practice | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Social and Behavioral Sciences |
| <input type="checkbox"/> Evaluation Programs | <input type="checkbox"/> Life Science | <input type="checkbox"/> Tobacco, International Systems & Global Change |
| <input type="checkbox"/> Evidence-Based Practice | <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Evidence-Based Public Health Practice | <input type="checkbox"/> Medical Research/Practice | <input type="checkbox"/> Tobacco, Health |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Environmental Health Practice | <input type="checkbox"/> Monitoring and Evaluation | |
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Nutrition | |
| <input type="checkbox"/> Health Equity | <input type="checkbox"/> Occupational Health and Safety | |
| <input type="checkbox"/> Health Informatics (e.g. informatics, systems, informatics, etc.) | <input type="checkbox"/> Physical Activity | |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Prevention & Control | |
| <input type="checkbox"/> Health Services Research | <input type="checkbox"/> Quality Improvement | |
| <input type="checkbox"/> Health Systems | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Health Workforce | <input type="checkbox"/> Public Health Policy | |
| <input type="checkbox"/> Implementation Science | <input type="checkbox"/> Public Health Practice | |
| <input type="checkbox"/> Implementation Science | <input type="checkbox"/> Public Health Research | |
| <input type="checkbox"/> Implementation Science | <input type="checkbox"/> Public Health Systems | |