CONFERENCE REGISTRATION

Health Effects Institute 2020 Annual Conference
Boston, Massachusetts, **April 5–April 7, 2020**
Renaissance Boston Waterfront Hotel

The most recently updated program is available online at: *www.healtheffects.org/annual-conference*

Please complete this Conference Registration form and fax or email by **March 12, 2020**
to: Robert Shavers 1-617-488-2335; *rshavers@healtheffects.org*

Prefix: _____ **FIRST Name:** _____ **SURNAME:**_____

Affiliation (no acronyms): _____

Business Address: _____

_____

Phone*: _____
**Please include all applicable country codes, area codes, & city codes.*

Email: _____

FULL CONFERENCE REGISTRATION

Save when you register for the entire conference!

☐ **April 5-April 7 (Sunday–Tuesday)** $800.00
(Includes all meals & breaks, Sunday lunch through Tuesday lunch, except Monday dinner)
☐ **Chicken** ☐ **Fish** ☐ **Vegetarian**
(Sunday Dinner Choice)

SINGLE DAY CONFERENCE REGISTRATION

☐ **Sunday, April 5** $350.00
(Includes lunch, breaks, reception, & dinner)
☐ **Chicken** ☐ **Fish** ☐ **Vegetarian**
(Sunday Dinner Choice)

☐ **Monday, April 6** $350.00
(Includes breakfast, breaks, and lunch)

☐ **Tuesday, April 7** $350.00
(Includes breakfast, breaks, and lunch)

☐ **I intend to book my room by March 12, 2020, at the Renaissance Boston Waterfront Hotel, 606 Congress Street, Boston MA 02210, United States.** The HEI special group rate is $279.00, plus tax, for a single or double room. Book online at *https://book.passkey.com/go/HEIAnnualConference*, or call the hotel at 1-877-901-6632 and mention **HEI Annual Conference** to obtain the group rate.

☐ **I do not need a room at the Renaissance Boston Waterfront Hotel.**

☐ **I do not need a hard copy of the Program & Abstracts book. (I will view it on the HEI website.)**

☐ **I allow HEI to share my contact information (name, affiliation, e-mail) with conference attendees.** Please note: HEI will take photos of attendees during the conference. These photos are for HEI use only and may appear in HEI promotional materials. By attending the conference, you agree to usage of your photos in such media.

Total Due: $_____

PAYMENT by CHECK: Make checks payable to *Health Effects Institute*

PAYMENT by CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ AMEX

Name on Card_____Signature: _____

Account ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration: _____/_____ (mo/yr)