



CONFERENCE REGISTRATION

Health Effects Institute, 2018 Annual Conference
Chicago, IL, April 29–May 1, 2018
The Drake 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 **April 2, 2018** 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 29th-May 1st (**Sunday-Tuesday**) \$675.00
(Includes all meals & breaks, Sunday lunch through Tuesday lunch, except Monday dinner)

Chicken **Fish** **Vegetarian**
(Sunday Dinner Choice)

I WILL attend the **Pre-Conference Workshop**
Workshop at 9:00 AM on Sunday, April 29th.
NOTE: Only Full Conference or Sunday Single-Day registration allows entry to the Workshop.
Pre-registration is required.

SINGLE DAY CONFERENCE REGISTRATION

Sunday, April 29th \$280.00
(Includes lunch, breaks, reception, & dinner)
 Chicken **Fish** **Vegetarian**
(Sunday Dinner Choice)

Monday, April 30th\$280.00
(Includes breakfast, breaks, and lunch)

Tuesday, May 1st\$280.00
(Includes breakfast, breaks, and lunch)

I intend to book my room by **April 2, 2018** at the **Drake Hotel, 140 E Walton Pl, Chicago, IL 60611, United States**. The HEI special group rate is \$210.00, plus tax, for a single or double room. Book online at www.healtheffects.org/annual-conference or call the hotel at +1-800-55-DRAKE (37253) and mention the code **HEF** to obtain the group rate.

I do not need a room at the Drake Hotel.

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)