



REGISTRATION FORM
2019 UPEHA ANNUAL TRAINING
CONFERENCE
FEBRUARY 12-14, 2019
ISLAND RESORT & CASINO
HARRIS, MI

Registration for February 12-14, 2019

Agency/Company: _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

___ Full Conference Registration @ \$95.00 per person \$ _____

___ Single Day Registration @ \$50.00 per person* Day: _____ \$ _____

___ Student Full Registration @ \$50.00 per person* \$ _____

___ Student Single Day Registration @ \$20.00 per person* Day: _____ \$ _____

___ UPEHA Membership @ \$20.00 per person \$ _____

___ Conference/Company Sponsorship @ \$250.00 per company \$ _____

(includes: Complimentary conference registration for two persons, UPEHA Company membership and Company Advertisement on Conference Agenda)

** Does not include UPEHA membership*

TOTAL: \$ _____

Make all checks payable to UPEHA and return to:

Jennifer Farnworth, UPEHA Treasurer
c/o Marquette County Health Department
184 US 41 E
Negaunee, MI 49866