



PRE-REGISTRATION FORM  
2015 UPEHA ANNUAL TRAINING  
CONFERENCE

FEBRUARY 24—26, 2015  
HOLIDAY INN OF MARQUETTE

Registration for Feb 24-26, 2015

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\* \$ \_\_\_\_\_

\_\_\_\_ Student Full Registration @ \$50.00 per person\* \$ \_\_\_\_\_

\_\_\_\_ Student Single Day Registration @ \$20.00 per person\* \$ \_\_\_\_\_

\_\_\_\_ 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:

Louis Johnson, UPEHA Treasurer  
c/o Dickinson-Iron District Health Department  
601 Washington Avenue—Box 516  
Iron River, MI 49935