

# IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH

## REGISTRATION FORM

ANNUAL CONFERENCE • MAY 28 – 30, 2008 • BOISE, IDAHO  
IMPROVING PUBLIC HEALTH THROUGH EVIDENCE BASED PRACTICES

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### ROOM RESERVATIONS

Please contact the Administrative/Management Assistant in your Public Health District office to make your hotel reservations. Reservation requests after **April 27, 2008** are subject to availability. Please inform the registration clerk that you are with Idaho Association of District Boards of Health. You may request a room with queen beds or a king bed for \$104. Check in time is 3 p.m. and check out time is 11 a.m. Airport shuttle service is available from the Boise airport.

**The Grove Hotel • 245 S. Capital Blvd, Boise, ID 83702 • 1-888-961-5000 or 1-208-333-8000**

### REGISTRATION FEES

Indicate by checking the appropriate box which items you are registering for at this time. Please be advised that pre-paid meal tickets are needed for the reception and all meals.

**ALL EVENTS - \$295**

*Includes: Evening reception, educational sessions, IAB business meeting, breakfasts, breaks, lunch, evening dinner, and entertainment.*

Participant Dinner (choose one):  Beef  Chicken  Vegetarian

**GUEST OPTION 1 – \$225**

*Includes: Evening reception, breakfasts, lunch, evening dinner, and entertainment.*

Guest Dinner (choose one):  Beef  Chicken  Vegetarian

**GUEST OPTION 2 – \$40**

*Includes: Evening reception with hors d'oeuvres on May 28*

**GUEST OPTION 3 – \$75**

*Includes: Evening dinner and entertainment on May 29*

Guest Dinner (choose one):  Beef  Chicken  Vegetarian

**GENERAL EDUCATION SESSIONS - \$150**

*Includes: All education sessions, breakfast, lunch, and snack on May 29*

**CALCULATED REGISTRATION FEES**

All Events	\$295	x	_____	=	_____
Guest Option 1	\$225	x	_____	=	_____
Guest Option 2	\$ 40	x	_____	=	_____
Guest Option 3	\$ 75	x	_____	=	_____
General Education Sessions	\$150	x	_____	=	_____
Total Fee					_____

Please make checks payable to:

**Central District Health Department**

Please return registration fees by **May 9, 2008** to:

Donna Mahan  
Central District Health Department  
707 N. Armstrong Place  
Boise, ID 83704  
Phone: 208-327-8502  
Fax: 208-327-8500

