Opioid Health and Wellness Summit
August 1-2, 2018
Salt Lake Marriott Downtown at City Creek

Name: _______________________________________
Title: _________________________________________
Organization: __________________________________
Address:  _____________________________________
City, State, Zip: ________________________________
Day Phone:  ___________________________________
Email Address: _________________________________
☐ Click here if you do not want your registration
information shared with sponsors.

REGISTRATION
Includes conference admission, materials, luncheons and
an evening social.

FIVE EASY WAYS TO REGISTER:
1.  ONLINE:   extension.usu.edu/healthwellnesssummit/
2.  FAX: (435) 797-0036
3.  MAIL: OHWS Conference Registration
   Utah State University
   5005 Old Main Hill
   Logan UT  84322-5005
4.  EMAIL this form to: register.online@usu.edu
5.  PHONE: (435) 797-0421 or 0424

CONFIRMATIONS:
Confirmations will be emailed for registrations received
online, and via fax or mail when given an email address.

CANCELLATION & REFUND POLICY:
Due to financial commitments made by the organization
for meeting space and other commitments, there are no
refunds, however substitutions are accepted with a $25
processing fee.

METHOD OF PAYMENT
Full Payment is required with registration (check one)
☐ Check payable to: Utah State University
☐ OCC______
☐ Purchase order #_____________ (please attach copy)
☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover ☐ Diners Club
For Credit Card Payment, call the registration desk at:
1-800-538-2663 or (435) 797-0421 or 0424
Total Amount Enclosed: $______________

REGISTRATION
Early Bird  Regular  Onsite
Through    After    On/after
July 21    July 21  August 1
General Registration  ☐ $149  ☐ $199  ☐ $249
Government/Non-profit ☐ $99  ☐ $149  ☐ $199

Dietary restrictions: Reasonable requests for accommodations
due to dietary restrictions will be accepted with at least a 14 day
advance. Accommodations/ substitutions from the published
menus are at the discretion of the facility at the time of delivery.
☐ Vegetarian   ☐ Vegan   ☐ Celiac-no gluten   ☐ Medical Allergy
Specify allergy: ___________________________________________________________________

Accommodations for persons with disabilities:
In order to provide the best experience possible, please list any
special accommodations requests: ________________________________________________