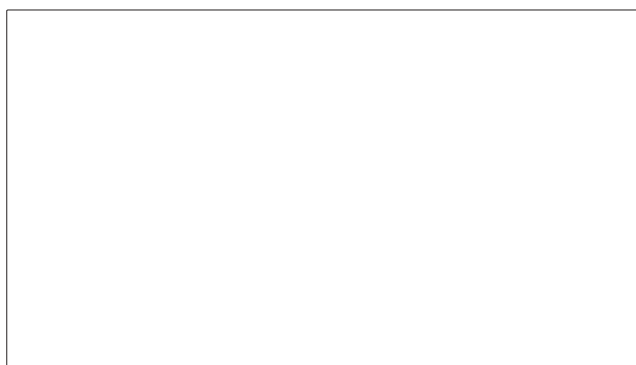




International Conference on Occupational Health & Safety Summit

September 5-7, 2012 DoubleTree By Hilton Philadelphia Center City, USA

Operated by: Journal of Community Medicine & Health Education, Journal of Health & Medical Informatics



Please Contact us If you need any special pricing!

5 Easy ways to Register

- +1-650-268-9744 (USA)
- +1-650-618-1414
- Toll free: +1-800-216-6499 (Only for USA & Canada)
- 1-800-651-097 (Australia)
- 0805-080048 (Europe)
- <http://www.omicsonline.org/occupationalhealth2012>
- Group Bookings: Take advantage of group bookings, Discounted prices, special features etc.
- Fax your details to +1-650-618-1414 (or)
- E-mail to: occupationalhealth2012@omicsonline.com

Items Please tick any of one	On/Before August 13, 2012		On/Before August 23, 2012		On September 5, 2012	
	Academia	Business	Academia	Business	Academia	Business
<input type="checkbox"/> Registration Fee	\$ 599	\$ 699	\$ 649	\$ 799	\$ 799	\$ 899
<input type="checkbox"/> Package A	\$ 1099	\$ 1299	\$ 1199	\$ 1499	\$ 1299	\$ 1599
<input type="checkbox"/> Package B	\$ 1399	\$ 1599	\$ 1449	\$ 1749	\$ 1599	\$ 1899
<input type="checkbox"/> Preconference / Poster	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
<input type="checkbox"/> Student Registration	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
<input type="checkbox"/> Accompanying Person	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200
Exhibition/special request	Contact organizers at Ph: +1-650-268-9744, Fax: +1-650-618-1414 E-mail: occupationalhealth2012@omicsonline.com					All Currency in US Dollars

Yes I/We will attend International Conference on Occupational Health & Safety Summit

Name: Prof/Dr/Mr/Mrs. _____

E-mail _____

Department _____

University/Company _____

Address _____

Tel _____

Fax _____

Title of your talk _____

Track No _____

Submit your abstract at <http://omicsonline.org/occupationalhealth2012/abstract.php>

PAYMENT INFORMATION

☐ Please invoice

☐ Credit Card. Please debit my:

☐ DISCOVER ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ Others

Card No: _____

Expiry Date: _____

Signature: _____

Credit Card billing address: _____

Contact name and number for card holder: _____

Please note that cards will be debited within 7 days of your registration.

☐ Yes I agree to the terms and conditions as stated on this form.

Delegates who do not pay their bookings are requested to provide a copy of bank transfer / credit card / cheque details to help payment allocation. Staff at the event will request a credit card guarantee for delegates without proof of payment.

* Processing charges: (Visa 1%, Master 2%, Others 3%)

Only Registration includes:

- 1) All Program
- 2) Reception Banquet
- 3) Coffee Break during the Conference
- 4) Handbook
- 5) A free paper Abstract
- 6) Lunch during the conference

Package A:

- Above 6 features including the following:
7. Breakfast during the Conference
 8. 3 Nights accommodation (i.e. September 4th, 5th & 6th) of deluxe single/double room at DoubleTree by Hilton Philadelphia, USA

Package B:

- Above 8 features including the following:
9. 1 Night extra accommodation i.e. September 7th (total 4 Nights)

Accompanying Person:

1. Entry pass for opening ceremony
2. Reception Banquet
3. Coffee Break during the conference
4. Lunch during the conference

Venue Details

DoubleTree By Hilton Philadelphia Center City
237 S Broad St, Philadelphia, Pennsylvania 19107, USA
Tel: 1215-893-1600
Fax: 1-215-893-1663
Web: doubletree1.hilton.com



Operated by

Editors- Journal of Community Medicine & Health Education
Journal of Health & Medical Informatics

Hosting Organization

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