



Expected Departure Date:  April 12      April 13

Airfare

*Airfare reservations will be made on your behalf. Taxi/ride sharing is encouraged from the airport to hotel.*

Name as it appears on your driver's license	
Date of Birth	
Departure Airport	

Car Mileage

Privately owned vehicle     Company vehicle     Other, \_\_\_\_\_

Round Trip Miles: \_\_\_\_\_

If carpooling, please list names of all travelers in the vehicle. The driver will receive mileage reimbursement.

Driver Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Submit applications by email to [chwconference@doh.wa.gov](mailto:chwconference@doh.wa.gov), or by post mail to **Washington State Department of Health, ATTN: Marissa Floyd, PO Box 47848, Olympia, WA 98504.**

<b>FOR OFFICE USE ONLY – check all that apply</b>	Notes:
<input type="checkbox"/> Registration <input type="checkbox"/> Mileage and/or Airfare	
<input type="checkbox"/> Lodging <input type="checkbox"/> Dinner	
<input type="checkbox"/> Confirmation Email Sent	