

MEETING REGISTRATION FORM

ASHNR 39th Annual Meeting
September 21 - 25, 2005
Renaissance Parc 55 Hotel
San Francisco, CA

Requests for refunds of registration fees must be submitted in writing by August 22, 2005. There is a \$50 fee for cancellation of registration. No refunds will be given after August 22, 2005.

Please legibly print or type the following information:

Form fields for personal information: First Name, Middle Initial, Last Name, Degree (s), Institution, Address, Country, Telephone, Fax, Email Address. Includes instruction: PLEASE PROVIDE US WITH YOUR EMAIL ADDRESS

- Request for special accommodations (Americans With Disabilities Act)
Request for Gold Medal Award Luncheon
Request for Gala Evening Event on Saturday
Request for Guest/Spouse to attend Gala Evening Event

Registration Fees:

- \$525 ASHNR Member
\$75 ASHNR Guest/Spouse (includes Gala Event)
\$750 Non-Member †
\$150 Resident/Fellow † (include letter from Department Chairman)

Name(s) of guest(s) who will be accompanying you

† Apply for ASHNR membership before July 1, 2005 and the ASHNR will waive the \$100 membership application fee. Contact the ASHNR administration office at (630) 574-0220, Ext.234 for details.

Method of Payment: Check enclosed (payable to ASHNR), Credit Card (Discover, MasterCard, Visa). Includes fields for Check#, Credit Card Number, Expiration Date, and Authorized Signature.

Mail Check Payments to: IICME, Attn: ASHNR 39th Annual Meeting, P. O. Box 380, Springville, AL 35146
Fax Credit Card Payments to (205) 467-3199
Questions - Call: (205) 467-3158 ext. 103
Email: ron@ryalsmeet.com

Please check here if this form has been faxed and mailed