WORKSHOP REGISTRATION FORM

ADVANCE REGISTRATION DEADLINE: MONDAY, SEPTEMBER 24, 2018

Please Print Clearly

Registrant Name: ___________________________ Degree(s): ___________________________

Institution: ________________________________

Department: ________________________________

Street Address: ______________________________

City: __________________ State/Province: ______ Zip/Postal Code: _______ Country: _______

Email: __________________ Phone: __________________

~ INDICATE YOUR REGISTRATION CATEGORY ~

☐ APS & SEB Member* ........................................ $400

☐ Retired APS & SEB Member* .......................... $200

☐ APS & SEB Postdoctoral Member* .................. $300

☐ APS & SEB Student Member* ........................ $200

☐ Nonmember .................................................. $550

☐ Nonmember Postdoctoral** ......................... $350

☐ Nonmember Student ................................. $250

STUDENT ELIGIBILITY:
“I certify that the student registrant is presently enrolled at this university and is working toward a degree in a field related to the topic of this meeting”

Signature of Dept. Head or Advisor ____________________________

Print Name of Dept. Head or Advisor ____________________________

*All APS Members must provide their Member ID Number or attach membership certification:

**Nonmember Postdoctoral registrants must fax or email a signed statement from their department head, confirming year of their PhD.

~ SPECIAL DIETARY NEEDS ~

☐ Please check if applicable and list your dietary preference below.

~ REGISTRANT WITH DISABILITY ~

☐ Please check if applicable and list special needs below.

This meeting is accessible to all people.

~ PROVIDE PAYMENT INFORMATION ~

☐ Payment by check is enclosed in the amount of $______________ Check Number: ______________

Make check payable to The American Physiological Society. Include this registration form your with check.

☐ Please charge my (check credit card type)

☐ MasterCard  ☐ Visa  ☐ American Express: in the amount of $______________

Credit Card Number: ___________________________ Expiration Date: ___________________________

Name of Cardholder: ___________________________ Signature: ___________________________

Mail/Fax/Email your registration form to: APS Meetings Department, 9650 Rockville Pike, Bethesda, MD 20814-3991, USA;
Fax: 301-634-7264; or Email: meetings@the-aps.org. Questions: 301-634-7364.