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 Member* ............................................................. $400
☐ Retired APS Member* ............................................... $200
☐ APS Postdoctoral Member* ..................................... $300
☐ APS 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 with your 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: __________________ush.

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.