WORKSHOP REGISTRATION FORM
EXTENDED Advance Registration Deadline: Tuesday, May 8, 2018
PLEASE PRINT CLEARLY

Registrant Name: ____________________________________________
Institution: __________________________________________________
Department: _________________________________________________
Street Address: ______________________________________________
Email: __________________________ Phone: ______________________

~ INDICATE YOUR REGISTRATION CATEGORY ~

- APS Member* ............................................... $550
- Retired APS Member* ........................................ $350
- APS Postdoctoral Member* ......................... $400
- APS Student Member* .............................. $350
  * APS Member ID Number: ____________________________
- Nonmember ................................................... $750
- Nonmember Postdoctoral** .......................... $500
- Nonmember Student** ............................... $400
- Immersion Simulation Workshop*** ............ $200

**STUDENT & POSTDOC 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 or the postdoctoral fellow has obtained a PhD degree within the past five (5) years.”

Signature of Dept. Head or Advisor __________________________
Print Name of Dept. Head or Advisor __________________________

*** This is an additional event. You must sign up for the Teaching Workshop in order to attend the Immersion Simulation Workshop. Registration forms with only the Immersion Simulation Workshop payment will be returned to the attendee and not accepted.

~ SPECIAL DIETARY NEEDS ~
- Please check if applicable and list your diet 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: ______________________

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