CONFERENCE REGISTRATION FORM
REGULAR & ONSITE REGISTRATION
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* ................................................................. $600

☐ Retired APS Member* ..................................................... $600

☐ APS Postdoctoral Member* .............................................. $500

☐ APS Student Member* .................................................... $400

* APS Member ID Number: ______________________________________

☐ Nonmember ........................................................................ $750

☐ Nonmember Postdoctoral** ....................................................... $550

☐ Nonmember Student** ........................................................ $450

** STUDENT & POST-DOC 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

~ 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 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 or email your registration form to: APS Meetings Department, 6120 Executive Blvd., Suite 600, Rockville, MD 20852 USA; Email: meetings@the-aps.org. Questions: 301-634-7971