# MEETING REGISTRATION FORM

**Deadline for Submitting Registration is September 5, 2012**

Complete one form for each registrant and mail or fax with appropriate payment.

**Please type or print clearly.**

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## Section 1: Registrant Contact Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Institution:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City, State/Province:</th>
<th>Postal Code/Zip Code:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Fax:</th>
<th>Email:</th>
<th>Emergency Contact Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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## Section 2: Indicate Your Registration Category

- [ ] APS/ACSM/CSEP Member*: $500
- [ ] Nonmember: $600
- [ ] Postdoctoral**: $350
- [ ] Retired APS Member*: $300
- [ ] Student: $300
- [ ] Career Workshop: $0

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## Section 3: Registrant with Disability/Special Request

- [ ] Please check if applicable and list special needs below. This meeting is accessible to all people.
- [ ] Please check if you require a vegetarian or gluten free meal.

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## Section 4: Provide Payment Information

- [ ] Payment by check is enclosed in the amount of $________ Check Number: ____________
  
  *Make check payable to The American Physiological Society*

- [ ] Please charge my (check credit card type):
  - [ ] MasterCard
  - [ ] VISA
  - [ ] American Express in the amount of $__________

<table>
<thead>
<tr>
<th>Credit Card number:</th>
<th>Expiration Date:</th>
<th>Name of Cardholder:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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*Members (APS, ACSM and CSEP must provide their Member ID Number or attach membership certification: _____
**Postdoctoral registrants must fax or email a signed statement from their department head, confirming year of their PhD.