

SOUTH CENTRAL ASSOCIATION FOR CLINICAL MICROBIOLOGY

PROGRAM REGISTRATION

SPRING 2012, Indianapolis, IN

THIS FORM IS NOT FOR VENDOR USE

IMPORTANT: For your name badge, PRINT below, your name, affiliation, address, and telephone number.

Name: _____ Hospital/Business: _____ Telephone: _____ Home
 Work

Business Address: _____ City: _____ State: _____ Zip Code: _____

Your SCACM Membership Number: _____ Email: _____

Check this box if you do not want your contact information made available to vendors.

STATUS	PRE-REGISTRATION RATES (before March 14, 2012)		AT-DOOR REGISTRATION RATES (after March 14, 2012)	
	FULL SESSION or FRI Only	SAT. ONLY	FULL SESSION or FRI Only	SAT. ONLY
Members (a)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$40	<input type="checkbox"/> \$115	<input type="checkbox"/> \$65
Non-Members (b)	<input type="checkbox"/> \$130	<input type="checkbox"/> \$80	<input type="checkbox"/> \$155	<input type="checkbox"/> \$85
Students (c)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Institution (d)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120	<input type="checkbox"/> \$85
Additional Luncheon(e)	<input type="checkbox"/> \$30		<input type="checkbox"/> \$30 (e)	
Additional Friday Social/Buffett(e)	<input type="checkbox"/> \$30		<input type="checkbox"/> \$30 (e)	
CD of general session (f)	<input type="checkbox"/> \$30 (members) <input type="checkbox"/> \$60 (non-members)			

- Please check if vegetarian lunch is required (**Pre-registered and prepaid only**)
- (a) Register at these rates if you have a 2012 Membership Card indicating 2012 dues have been paid.
- (b) Register at these rates if you are a non-member (or have not yet paid 2012 dues.) Registration includes \$20 one-year individual membership for 2012. Individual membership will expire Dec 31, 2012. Please complete the membership form on the reverse side.
- (c) Must submit evidence of student status. Does **NOT** include lunch/Fri social.
- (d) See description of Institution pass in program. Includes one lunch and one Fri social.
- (e) Unless pre-registered, there is **NO** guarantee Lunch & Fri Social event will be available.
- (f) CDs are General meeting only. Not Interest Groups. Please allow 6 wks for delivery.

(DO NOT INCLUDE HOTEL RESERVATIONS WITH PROGRAM REGISTRATION FEE.)
Refer to program flyer for cancellation clause
 \$_____ TOTAL ENCLOSED Credit Cards **NOW** Accepted. **Please print legibly!**

Credit Card Type: __VISA __MasterCard __American Express __Discover

Credit Card Number _____ Expiration Date _____

Signature _____

Please call 877-902-3030(Voice message) or email scacm@scacm.org for further information.

YOU MUST SUBMIT PAYMENT WITH THIS FORM
(Checks made payable to "SCACM")

Mail this form and remittance to:

South Central Association for Clinical Microbiology
Program Registrations
3105 S. Martin Luther King, Box 1
Lansing, MI 48910-2939

OR, IF PAYING WITH CREDIT CARD YOU MAY FAX TO:
(877) 270-7948

