2017 Combined Annual Meeting

Registration Form

Note: Registration is not included with the online abstract submission

First Name _____ Last Name _____

Degree(s) _____

Institution _____ Department _____

Address _____ City _____

State _____ Zip _____

Email _____ Phone _____

I am a member of (check all that apply): ☐ CSCTR ☐ MWAFMR ☐ ASCI ☐ AAP ☐ APSA

☐ I am not a member of AFMR and would like a complimentary copy of the *AFMR Journal*, which includes the Final Program and copies of all abstracts for this meeting.

I will attend (check all that apply):

☐ CSCTR-MWAFMR Combined Annual Meeting (Thursday, April 20 & Friday, April 21)

☐ Career Development Workshop (Thursday, April 20)

☐ Max Miller Lecture in Diabetes Research; Metabolism Club (Thursday, April 20)

☐ Mentor Breakfast (Friday, April 21)

List special need/accommodation: _____

Payment

	Through 3/31	After 3/31
☐ Student or Trainee (Graduation/Completion year: _____)	Free	$25
☐ CSCTR/MWAFMR Member	$25	$35
☐ Expired or Non-member	$50	$60
☐ Guest(s) (Names: _____)	$20 ea	$20 ea

Total due: ☐

☐ Check payable to Central Society for Clinical and Translational Research or CSCTR

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name of Card Holder (print): _____

Signature: _____

Refund Policy

Cancellations must be sent via email to info@csctr.org. A full refund minus $10.00 cancellation fee for cancellations received on or before March 31, 2017. No refund for cancellations after March 31. The CSCTR and the MRAFMR reserve the right to cancel any program and assumes no responsibility for personal expenses. Refund is processed within 30 days of written cancellation notice.