CONFERENCE REGISTRATION FORM

Advance Registration Deadline: October 6, 2017

PLEASE PRINT CLEARLY

Registrant Name: _____

Institution: _____

Department: _____

Street Address: _____

City:_____ , **State/Province:**_____, **Postal Code/Zip Code:** _____, **Country:**_____

Telephone:_____ , **Email:**_____

INDICATE YOUR REGISTRATION CATEGORY

- ❑ **APS Member***…….....$400
- ❑ **Retired APS Member***…….....$200
- ❑ **APS Postdoctoral Member***……..$300
- ❑ **APS Student Member***……...…...$200
- ❑ **Nonmember**…….$550
- ❑ **Nonmember Postdoctoral****…….……$350
- ❑ **Nonmember Student**……...$250

STUDENT 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" Signature of Dept. Head or Advisor:

_____

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***

Please charge my (check credit card type):

❑MasterCard ❑ VISA ❑ American Express in the amount of $_____

Credit Card number: _____ **Expiration Date:** _____

Name of Cardholder: _____ **Signature:** _____

***All APS Members must provide their Member ID Number or attach membership certification:**_____

****Nonmember Postdoctoral registrants must fax or email a signed statement from their department head, confirming year of their PhD.**

*****One registration form per registrant.**

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.