2018 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 ☐ AFMR ☐ ASCI ☐ AAP ☐ APSA

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

I will attend (check all that apply):

☐ CSCTR-MWAFMR Combined Annual Meeting (Thursday, April 26 & Friday, April 27)

☐ Career Development Workshop (Thursday, April 26)

☐ Max Miller Lecture in Diabetes Research; Metabolism Club (Thursday, April 26)

☐ Cardiology/Pulmonary Club Lecture (Thursday, April 26)

☐ Mentor Breakfast (Friday, April 27)

List special need/accommodation: _____

Payment

		Through 2/28	After 2/28
☐	Student or Trainee (Graduation/Completion year: _____)	Free	$25
☐	CSCTR Member	$25	$35
☐	AFMR 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 26, 2018. No refund for cancellations after March 26. The CSCTR and the MWAFMR reserve the right to cancel any program and assumes no responsibility for personal expenses. Refund is processed within 30 days of written cancellation notice.