THIRTY-THIRD ANNUAL CONFERENCE ON SHOCK
June 12 – 15, 2010
Portland Marriott Downtown Waterfront– Portland, Oregon

MEETING REGISTRATION FORM (Please Type or Print)

Each Registrant must submit a separate form
Name_____
Last First M.I. Degree

Institution or Company Affiliation:_____

Address_____

_____

City State Zip Code Country

Telephone_____ Fax_____

Email address:_____

Registration Fee (payable in U.S. Funds)

STATUS	EARLY Prior to April 16	ADVANCE April 17-May 7	AT MEETING OR After May 7	
☐ **Member**	**$475.00**	**$500.00**	**$525.00**	**$_____**
☐ **Non-Member**	**$550.00**	**$575.00**	**$600.00**	**$_____**
☐ **Post Graduate Fellow** **Shock Member ___Yes ___No**	**$475.00**	**$500.00**	**$525.00**	**$_____**
☐ **Resident** **Shock Member ___Yes ___No**	**$475.00**	**$500.00**	**$525.00**	**$_____**
☐ **Student/Technician** *must have a department head or research advisor certify student's eligibility*	**$400.00**	**$425.00**	**$450.00**	**$_____**
☐ **Spouse/Guest(social events)** **Spouse/Guest name for badge_____**	**$250.00**	**$275.00**	**$300.00**	**$_____**
☐ **Additional Dinner Tickets – Sunday, June 13, 2010**			**$95.00 x _____**	**$_____**
☐ **Additional Dinner tickets – Tuesday, June 15, 2010**			**$95.00 x _____**	**$_____**
Total Enclosed……				**$_____**

PLEASE NOTE: WE ACCEPT VISA/MASTERCARD ONLY - NO OTHER CREDIT CARDS ACCEPTED

Method of Payment _____Check _____Visa _____MasterCard

Credit Card Number_____ Exp. Date _____

Signature_____

Payable to: **SHOCK SOCIETY**
26064 Capital Drive – Suite A
P. O. Box 1187
Daphne, AL 36526 **TEL (251) 625-2205** **FAX (251) 625-4439**

Cancellation requests must be in writing. An administrative fee of $50.00 will be withheld.

(NO REFUNDS HONORED AFTER MAY 21, 2010)

_____Please check if ADA accommodation desired and we will contact you. _____Special meal request