

**THIRTIETH ANNUAL CONFERENCE ON SHOCK**  
**June 9 - 12, 2007**  
**Marriott Baltimore Waterfront - Baltimore, Maryland**

**MEETING REGISTRATION FORM (Please Type or Print)**

Each Registrant must submit a separate form Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
 Last First M.I. Degree

Institution or Company Affiliation: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code Country

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

<b>Registration Fee (payable in U.S. Funds)</b>				
<b>STATUS</b>	<b>Early*</b>	<b>Advance**</b>	<b>At Meeting</b>	
	<b>Prior to April 16</b>	<b>April 17 – May 3</b>	<b>or after May 3</b>	
<input type="checkbox"/> <b>Member</b>	<b>\$425.00</b>	<b>\$450.00</b>	<b>\$475.00</b>	\$ _____
<input type="checkbox"/> <b>Non-Member</b>	<b>\$500.00</b>	<b>\$525.00</b>	<b>\$550.00</b>	\$ _____
<input type="checkbox"/> <b>Post Graduate Fellow</b>	<b>\$425.00</b>	<b>\$450.00</b>	<b>\$475.00</b>	\$ _____
<b>Shock Member</b> ___Yes ___No				
<input type="checkbox"/> <b>Resident</b>	<b>\$425.00</b>	<b>\$450.00</b>	<b>\$475.00</b>	\$ _____
<b>Shock Member</b> ___Yes ___No				
<input type="checkbox"/> <b>Student/Technician</b>	<b>\$325.00</b>	<b>\$350.00</b>	<b>\$375.00</b>	\$ _____
<i>must have a department head or research advisor certify student's eligibility</i>				
<input type="checkbox"/> <b>Spouse/Guest</b>	<b>\$210.00</b>	<b>\$225.00</b>	<b>\$250.00</b>	\$ _____
<b>(registration fee includes social events only)</b>				
<b>Spouse/Guest name for badge</b> _____				
<input type="checkbox"/> <b>Additional Dinner Tickets – Sunday, June 10, 2007</b>			<b>\$95.00 x _____</b>	\$ _____
<input type="checkbox"/> <b>Additional Dinner tickets – Tuesday, June 12, 2007</b>			<b>\$95.00 x _____</b>	\$ _____
<b>Total Enclosed.....</b>				<b>\$ _____</b>

**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 20, 2007)**

\_\_\_\_\_ Please check if ADA accommodation desired and we will contact you.                      \_\_\_\_\_ Special meal request