

2016 ON SITE REGISTRATION FORM

Section I—please type or print clearly:

Last Name: _____ First Name: _____

Company/Organization: _____

Home or work Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: () _____

N.B. Email address: Help us get it right (print, is it an l or a 1, is it an m, n or w??, etc.) it's the primary means of communication:

EMAIL Address: _____

Meeting Registration Fees: **Check the fee that applies to you.**

Onsite Registration 2015 Member:

_____ Annual Meeting Physician, Ph.D, etc.	\$175.00
_____ Annual Meeting Tech, Nsg, etc.	\$125.00

Onsite Registration 2015 NON-Member:

_____ Annual Meeting Physician, Ph.D, etc.	\$225.00
_____ Annual Meeting Tech, Nsg, etc.	\$175.00

Section II—Continuing Education—(If seeking this an additional process fee is required.)

_____ AAST CEC	\$7.00
_____ AARC CREC	\$7.00

Totals from Section I and Section II:

_____ Section I

_____ Section II

_____ Total Please make check or money order payable to: LASM

Office Use Only:

Date Received: _____ Amount _____ Received by: _____ Ck # _____