

Registration Information

Fees are non-negotiable and include sessions, socializers, and the banquet.

Members: \$425

Emeritus Members: \$225.00

Please enter names as you wish them to appear on name tags

Name:	_____	\$
	(Member or Sponsor)	
Name:	_____	\$225.00
	(Accompanying Guest of Member or Sponsor)	
Name:	_____	\$225.00
	(Accompanying Guest of Member or Sponsor)	
	Total amount due	\$
Affiliation:	_____	
E-mail Address:	_____	

Purchase Orders cannot be accepted. Payment can be made either by CHECK (payable in US dollars only) or by CREDIT CARD (MasterCard, Discover or VISA). If you opt to pay with a credit card, this completed form can be faxed to: (312) 942-5744 or the information can be called in to (312) 942-5501. PLEASE NOTE: IF YOU PAY WITH A CREDIT CARD, THE CHARGE ON YOUR STATEMENT WILL SHOW AACBNC.

PAYMENT INFORMATION

Credit Card Information: Visa MasterCard Discover Expiration Date ____/____
Credit Card# ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ Security Code: ____/____/____
Print Cardholder's Name _____
Billing Address _____
City _____ State _____ Zip _____
Signature _____ Telephone _____

METHOD OF PAYMENT No. 2. Check

Please make U.S. Checks or International money orders payable in US dollars only to:

AACBNC, c/o Dr. Dale R. Sumner (Rick)
Department of Anatomy & Cell Biology
Rush University Medical Center
600 South Paulina, Suite 507
Chicago, IL 60612 USA

**Registration fees must be received in the Association office NO LATER than Friday December 9, 2016.
After the December 9th deadline you MUST include an additional \$50.00 as a late registration fee.**

**Completed Registration forms must accompany payment.
There will be NO REFUNDS for cancellations after December 31st, 2016. Please remember to sign the form before you fax it.**

Please be sure to include your current email address for information updates.

**The AACBNC is a non-profit organization. FEIN 910850360.*