

· Meeting Registration Form ·

REGISTRATION FEE INCLUDES: ALL SCIENTIFIC SESSIONS, WELCOME RECEPTION, ENTRANCE TO THE EXHIBIT HALL, CONTINENTAL BREAKFAST, COFFEE BREAKS AND THE PRESIDENT'S DINNER.

Name

Institution

Address

City State Zip Code

Daytime Telephone Email Address

Name of Spouse/Guest (If Attending)

Registration Category (PLEASE INDICATE BELOW)

- | | |
|--|------------|
| <input type="checkbox"/> ACTIVE MEMBER | \$300 |
| <input type="checkbox"/> ASSOCIATE MEMBER | \$200 |
| <input type="checkbox"/> SENIOR MEMBER | \$150 |
| <input type="checkbox"/> HONORARY MEMBER | \$150 |
| <input type="checkbox"/> GUEST PHYSIAN / NON-MEMBER | \$375 |
| <input type="checkbox"/> ALLIED HEALTH (NURSE/PA/TECH) | \$175 |
| <input type="checkbox"/> RESIDENT/FELLOW | No Charge* |
| <input type="checkbox"/> SPOUSE/GUEST | \$100 |
| <input type="checkbox"/> CHILDREN OVER AGE 12 | \$50 |
| <input type="checkbox"/> CHILDREN UNDER 12 YEARS | No Charge |

***Residents and fellows must present a letter from their department chair when registering.*

Payment Method

- MasterCard VISA American Express
- Check [Check #: _____]

Credit Card #: _____

Expiration Date: _____

CVV Code: _____

Name On Card: _____

Billing Address (IF DIFFERENT FROM ABOVE)

Billings Address: _____

Billing City: _____

Billing State: _____

Billing Zip Code: _____

PLEASE FAX COMPLETED REGISTRATION FORM TO THE
RMVS ADMINISTRATIVE OFFICE AT 978-927-7872.

IF PAYING BY CHECK, PLEASE MAIL COMPLETED FORM AND CHECK TO: 100 CUMMINGS CENTER, SUITE 124A, BEVERLY, MA 01915