

**SOUTH CENTRAL ASSOCIATION FOR CLINICAL MICROBIOLOGY  
PROGRAM REGISTRATION -SPRING 2017, MARRIOTT EAST, INDIANAPOLIS, IN [THIS FORM IS NOT FOR VENDOR USE](#)**

**You may also register and pay online at [www.scacm.org](http://www.scacm.org)**

*IMPORTANT: PRINT below, your name, affiliation, address, and telephone number. All are required for complete registration and confirmation.*

Name: \_\_\_\_\_ Hospital/Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  Work  Home

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your SCACM Membership Number: (a) \_\_\_\_\_ Email: \_\_\_\_\_

STATUS	PRE-REGISTRATION RATES (Payment received before March 17 <sup>th</sup> )		LATE-REGISTRATION RATES (Payment received after March 17 <sup>th</sup> )	
	FULL SESSION or FRI Only	SAT. ONLY	FULL SESSION or FRI Only	SAT. ONLY
Members (a)	<input type="checkbox"/> \$120	<input type="checkbox"/> \$70	<input type="checkbox"/> \$145	<input type="checkbox"/> \$95
Non-Members (b)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$110	<input type="checkbox"/> \$185	<input type="checkbox"/> \$135
Students (c)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Institution (d)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$110	<input type="checkbox"/> \$185	<input type="checkbox"/> \$135
Additional Luncheon (e)	<input type="checkbox"/> \$30(e)		<input type="checkbox"/> \$30(e)	
Additional Social/Buffer	<input type="checkbox"/> \$20		<input type="checkbox"/> \$20	
I plan on attending the Friday Social	<input type="checkbox"/> RSVP (no charge for registered attendees)			
My first Spring SCACM meeting	<input type="checkbox"/> First Time Reception RSVP (no charge)			

Check this box if you DO NOT want your contact information made available to vendors.

(a) Register at these rates if your 2017 dues have been paid or you are a lifetime member. Enter your membership number to qualify for these rates above.

(b) Register at these rates if you are a non-member (or have not yet paid 2017 dues).

Registration includes \$20 one-year individual membership for 2017. Individual membership will expire Dec 31, 2017. Please complete the membership form on the reverse side.

(c) Must submit evidence of student status. Includes lunch and social event

(d) See description of Institution pass in program. Includes one lunch and one Fri social

(e) Unless pre-registered and paid, there is **NO** guarantee for Luncheon

**(DO NOT INCLUDE HOTEL RESERVATIONS WITH PROGRAM REGISTRATION FEE.)**

**Refer to program flyer for cancellation clause**

\$ \_\_\_\_\_ TOTAL ENCLOSED      Credit Cards **NOW** Accepted.      **Please print legibly!**

Credit Card Type:  VISA    MasterCard    American Express    Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please call 877-902-3030 or email [scacm@scacm.org](mailto:scacm@scacm.org) for further information.

**YOU MUST SUBMIT PAYMENT WITH THIS FORM  
TO OBTAIN PRE-REGISTRATION RATES  
PAYMENTS MADE WHEN YOU ARRIVE ARE  
"AT DOOR" RATES  
(Checks made payable to "SCACM")**

*Mail this form and remittance to:*

**South Central Association for Clinical Microbiology  
Program Registrations  
3105 S. Martin Luther King, Box 1  
Lansing, MI 48910-2939**

OR, IF PAYING WITH CREDIT CARD YOU MAY FAX TO:

(877) 997-2226

YOU WILL RECEIVE CONFIRMATION VIA EMAIL

