

**SCACM Workshop Registration Form
March 22, 2017
Marriott East, Indianapolis, IN**

(Please PRINT)

Name

Institution

(____) _____
Daytime Phone

Extension

Email

Home Address

City, State, and Zip

SCACM member _____

Non-Member _____

<input checked="" type="checkbox"/>	TITLE	TIME	SCACM Member	Non-member
	Antimicrobial susceptibility testing – The Basics	8:30am-12:00pm	\$50	\$75
	Antimicrobial susceptibility testing-Advanced Course	1:00pm-5:00pm	\$50	\$75
	Infectious Disease Pathology for Clinical Microbiologists	8:30am-12:00pm	\$50	\$75
	2017 Update in Diagnostic Medical Parasitology	8:30am-5:00pm	\$100	\$125

Registration deadline is 3/17/17
NO refunds after 3/10/17

***YOU MUST SUBMIT PAYMENT WITH THIS FORM TO
(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