TWENTY-SEVENTH ANNUAL CONFERENCE ON SHOCK
JUNE 5-8, 2004
HALIFAX, NOVA SCOTIA

MEETING REGISTRATION FORM (Please Type or Print)

Each Registrant must submit a separate form Social Security #_____

Name_____
Last First M.I. Degree

Institution or Company Affiliation:_____

Address_____

_____
City State Zip Code Country

Telephone_____ Fax_____email address:_____

Registration Fee (payable in U.S. Funds)

STATUS	Early* Prior to April 16	Advance** April 17 – May 21	At Meeting or after May 21	
☐ **Member**	**$375.00**	**$400.00**	**$425.00**	**$_____**
☐ **Non-Member**	**$450.00**	**$475.00**	**$500.00**	**$_____**
☐ **Resident**	**$375.00**	**$400.00**	**$425.00**	**$_____**
☐ **Student**	**$285.00**	**$300.00**	**$315.00**	**$_____**
☐ **Spouse/Guest**	**$210.00**	**$220.00**	**$230.00**	**$_____**

(registration fee includes social events only)

Spouse/Guest name for badge_____

☐ **Additional Dinner Tickets – Sunday, June 6, 2004** **$95.00 x _____** **$_____**

☐ **Additional Dinner tickets – Tuesday, June 8, 2004** **$95.00 x _____** **$_____**

Total Enclosed……..…… $_____

Method of Payment: Check_____Visa_____Mastercard_____ (Visa/MC only - no other credit cds accepted)

Credit Card Number_____Exp. Date _____

Signature_____

Payable to: **SHOCK SOCIETY**
26064 Capital Drive – Suite A
P. O. Box 1187
Daphne, AL 36526 **TEL (251) 625-2205** **FAX (251) 625-4439**

Cancellation requests must be in writing. An administrative fee of $50.00 will be withheld.
(NO REFUNDS HONORED AFTER MAY 21, 2004)

_____Please check if ADA accommodation desired and we will contact you.