TWENTY-EIGHTH ANNUAL CONFERENCE ON SHOCK
June 4-7, 2005
Marco Island Marriot Resort
Marco Island, Florida

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 3	At Meeting or after May 3	
☐ **Member**	**$400.00**	**$425.00**	**$475.00**	**$_____**
☐ **Non-Member**	**$455.00**	**$500.00**	**$525.00**	**$_____**
☐ **Postgraduate Fellow** ***Shock Member yes____ no____***	**$400.00**	**$425.00**	**$475.00**	
☐ **Resident** ***Shock Member yes____ no____***	**$400.00**	**$425.00**	**$450.00**	**$_____**
☐ **Student**	**$300.00**	**$325.00**	**$350.00**	**$_____**
☐ **Spouse/Guest**	**$210.00**	**$220.00**	**$250.00**	**$_____**

(Registration fee includes social events only)
Spouse/Guest name for badge_____

☐ **Additional Dinner Tickets – Sunday, June 5, 2005** **$95.00 x _____** **$_____**

☐ **Additional Dinner tickets – Tuesday, June 7, 2005** **$95.00 x _____** **$_____**

Total Enclosed……$_____

PLEASE NOTE: We <u>do not accept</u> American Express

Method of Payment _____Check _____Visa _____Mastercard

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 20, 2005)

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