IACFS/ME Conference Registration Form

Patient

September 22-25, 2011

ATTENDEE AND BADGE INFORMATION (Please Print)
This form may be photocopied for additional attendees.

Registration Fees
Please check appropriate category.

Category	Dates	Early Rates Valid Thru 8/1	Regular Rates Effective 8/2	On Site Rates
Member				
1 day Patient Conference	Sept 22	$50 ____	$75 ____	$100 ____
4 day Full Conference	Sept 22-25	$295 ____	$345 ____	$395 ____
(includes Patient & Professional conference, banquet not included, no CME's)				
Non-Member (includes 1 year Associate membership)				
1 day Patient Conference	Sept 22	$90 ____	$115 ____	$140 ____
4 day Full Conference	Sept 22-25	$335 ____	$385 ____	$435 ____
(includes Patient & Professional conference, banquet not included, no CME's)				
IACFS/ME banquet ticket		$75 ____	$75 ____	$100 ____

Total Fee (USD) _____

To Register: **Online:** www.iacfsme.org

Fax: Fill out this form and fax to 847-579-0975

Credit Card: VISA _____ MasterCard _____ American Express _____

Name as it appears on card _____

Card Number _____

Expiration Date _____ Amount $ _____

Signature _____

Mail: Fill out this form and mail with **check** payable in US funds to IACFS/ME to:
IACFS/ME, 27 North Wacker Drive, Suite 416, Chicago, IL 60606 USA

ATTENDEE & BADGE INFORMATION (Please Print)

Name _____
First Last

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country_____ Phone _____ Email _____

Cancellation Policy - IACFS/ME will offer a full refund less $25 administrative fee for requests for refunds made in writing, postmarked or fax-stamped no later than August 22, 2011. Refunds will not be issued to no-show registrants. Substitutions are welcome in lieu of cancellations.

For additional information: www.iacfsme.org or voice mail: 847-258-7248