IACFS/ME Conference Registration Form

September 22-25, 2011

Professional

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 (includes banquet)				
4 day Full Conference (includes 2 workshops)	Sept 22-25	$545 ____	$595 ____	$645 ____
3 day Conference	Sept 23-25	$445 ____	$495 ____	$545 ____
Non-Member (includes banquet plus 1 year membership)				
4 day Full Conference (includes 2 workshops)	Sept 22-25	$645 ____	$695 ____	$745 ____
3 day Conference	Sept 23-25	$545 ____	$595 ____	$645 ____
Medical or Graduate Student (requires I.D., includes 1 year student membership, banquet additional)				
4 day Full Conference (includes 2 workshops)	Sept 22-25	$100 ____	$150 ____	$200 ____
3 day Conference	Sept 23-25	$50 ____	$75 ____	$100 ____
Additional IACFS/ME banquet ticket (spouse/guest)		$75 ____	$75 ____	$100 ____

Total Fee (USD) _____

Full Conference Attendees please indicate choice of Workshops

Morning:
__ How to Apply for Grants
__ Treating Sleep, Pain and Fatigue in ME/CFS Patients
__ Pediatrics and CFS/ME
__ Fibromyalgia Theory and Practice

Afternoon:
__ Behavioral Assessment and Treatment of ME/CFS
__ Exercise Intolerance: Guide to Management and Treatment
__ Fibromyalgia Assessment and Practice
__ Treating Sleep, Pain and Fatigue in ME/CFS Patients

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 send with **check** payable in US or Canadian funds to IACFS/ME and mail to:
IACFS/ME, 27 North Wacker Drive, Suite 416, Chicago, IL 60606 USA

ATTENDEE & BADGE INFORMATION (Please Print)

Name _____
First Last Accreditation/Degree (MD, PhD, etc)

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Email _____

Specialty _____

How did you hear about the Conference? _____

Cancellation Policy - IACFS/ME will offer a full refund less $100 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