

2019 Midwest Clinical & Translational Research Meeting

Registration Form



Note: Registration is not included with the online abstract submission

First Name _____ Last Name _____
 Degree(s) _____
 Institution _____ Department _____
 Address _____ City _____
 State _____ Zip _____
 Email _____ Phone _____

I am a member of (check all that apply): CSCTR MWAFFMR AFMR ASCI AAP APSA

I will attend (check all that apply):

- CSCTR-MWAFFMR Combined Annual Meeting (Thursday, April 4 & Friday, April 5)
 Career Development Workshop (Thursday, April 4)
 Max Miller Lecture in Diabetes Research; Metabolism Club (Thursday, April 4)
 Cardiology/Pulmonary Club Lecture (Thursday, April 4)
 Internal Medicine Lecture (Thursday, April 4)
 Mentor Breakfast (Friday, April 5)

List special need/accommodation: _____

Payment

	Through 2/17	After 2/17
<input type="checkbox"/> Student or Trainee (Graduation/Completion year: _____)	\$25	\$50
<input type="checkbox"/> CSCTR Member	\$75	\$75
<input type="checkbox"/> AFMR Member	\$75	\$75
<input type="checkbox"/> Expired or Non-member	\$150	\$150
<input type="checkbox"/> Guest(s) (Names: _____)	\$20 ea	\$20 ea
Total due:		

Check payable to Central Society for Clinical and Translational Research or CSCTR

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: ____ CVV: ____

Name of Card Holder (print): _____

Signature: _____

Refund Policy

Cancellations must be sent to info@csctr.org. Full refund minus \$25 fee for cancellations received on or before March 5, 2019. **No refund after March 5.** CSCTR and MWAFFMR reserve the right to cancel any program and assumes no responsibility for personal expenses. Refund processed within 30 days.