

MEETING REGISTRATION FORM

Use one registration form per person. Forms may be duplicated.

_____ Name (will appear on badge)	_____ Date
_____ Employer	Are you an NSH Member? <input type="checkbox"/>
_____ Address	Are you a NYSHS Member? <input type="checkbox"/>
_____ City, State Zip	Are you a BSC Member? <input type="checkbox"/>
_____ Email	Region I Members receive the member rate for this Symposium. Please indicate which state society you are affiliated with: CT <input type="checkbox"/> ME <input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VT <input type="checkbox"/>
_____ Work Phone	
_____ Home/Cell Phone	

Please Circle One (Full Day Inclusive)

NYSHS or BSC Member: \$100.00

Non-Member: \$135.00

Student: \$25.00

To attend the NYSHS Annual Symposium, please print and send this form with payment to:

2018 Meeting Registrar
Mary Georger
20 Winchester Road
Rochester NY 14617

Make Checks Payable to:
New York State Histotechnological Society

