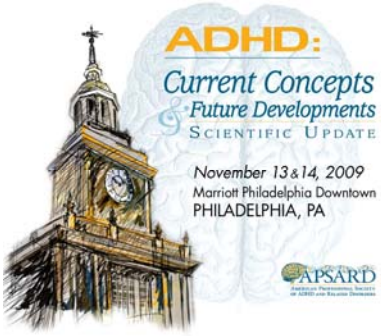

PERSONAL INFORMATION
Please Print Clearly--*Abbreviate if Necessary*

Last Name_____ **First Name**_____

Institution_____ **Dept.**_____

Street Address_____

City_____ **State/Province**_____ **Postal Code**_____ **Country**_____

Phone_____ **Fax**_____

Email address _____

MEETING REGISTRATION

[ ] Member	$400.00
[ ] Non-Member	$600.00
[ ] Physicians in Training	$200.00
[ ] Join & Save (one year membership and meeting registration)	$525.00

Registration Fee $_____

Note: Registration fees will appear as "APSARD CC".
If you fax your registration form, ***DO NOT*** send the original form by mail. Doing so may result in duplicate charges to your credit card!

Registration/Cancellation Policy: Your registration will be confirmed in writing within two weeks of receipt of payment. If confirmation is not received by that time, please call (856) 423-8702 opt. 3. If you must cancel your registration, all requests must be received in writing to APSARD Registration, info@apsard.org, no later than Friday, October 30, 2009. All fees paid will be refunded minus a $25.00 processing fee. **There will be no refunds after the Friday, October 30, 2009 deadline.**

METHOD OF PAYMENT FOR REGISTRATION FEES

_____**VISA** (13-16 digits) _____ **MasterCard** (16 digits) _____**American Express** (15 digits)

Credit Card Number

Expiration Date *Required for Processing*

Name on card:_____

Total Registration Fees to be charged: $_____

Signature:_____
APSARD reserves the right to charge the correct amount if different from above.

[ ] **Enclosed is payment by check**. Please make check payable to **APSARD**. Mail to ***APSARD Registration, 19 Mantua Road, Mt. Royal, NJ 08061.*** Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. Check with your local bank before processing payment. A $50.00 processing fee will be charged for all returned checks.