Conference & CME Course Registration Form
for the 1st Joint Meeting of
the Society for Light Treatment and Biological Rhythms (SLTBR) &
the American Association of Medical Chronobiology
and Chronotherapeutics (AAMCC)
May 28 – 30, 2004
Toronto, Canada

Please submit one registration form for each participant. Please type or print clearly. Mailed or faxed registrations will be accepted through May 15. After May 15, a $25 late fee will be added.

Name:

_____
First Last Suffix

Title: _____

Affiliation:

_____

Address:

_____

City: _____ State/Province _____ Zip: _____

Country:

_____

Telephone: _____Fax: _____

Email: _____

(Registration confirmation will be sent via email.)

Annual Meeting Fees ($US)

[ ] SLTBR or AAMCC Member	$150.00
[ ] Non-member	$200.00
[ ] Student	$ 70.00
[ ] Corporate Exhibitor	$700.00
[ ] Banquet (regular member)	$ 50.00
[ ] Banquet (student member)	$ 25.00
[ ] **CME Course Fee ($US)**	
[ ] Conference Registrant	$ 50.00
[ ] Student Registrant	$ 25.00
[ ] Non-conference registrant	$100.00
[ ] Late registration fee ***(after May 15)***	$ 25.00

Total **$US**_____

___ **Enclosed is my check ($US) payable to SLTBR**

Check number: _____

_____ **Charge registration fees to my credit card**

_____ MasterCard _____ Visa

Card Number:

_____

Expiration Date:

_____

Name of Cardholder:

_____

Signature

_____

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