



AMERICAN CLINICAL MAGNETOENCEPHALOGRAPHY SOCIETY (ACMEGS)

2019 COURSE & MEETING REGISTRATION FORM

ACMEGS
AMERICAN CLINICAL MEG SOCIETY

(Please type or print clearly.)

ACMEGS Member ID # (optional)
Last (Family) Name First (Given) Name Middle Initial
Designation (MD, PhD, DO, etc.) Institution
Mailing Address
City State/Province Zip/Postal Code
Phone Fax
Email Specialty

SPECIAL NEEDS

I have an allergy-related or religious dietary restriction, as follows:
I require a physical accommodation, as follows:

PRIVACY/OPT-INS

I wish to be included on the delegate list provided to supporters. I wish to be included on any published delegate list including programs, mobile apps, etc.

Table with 5 columns: Registration Type, Center-Designated Members AND Individual Members from Member Centers*, Associate Members*, Individual Members*, Non-Members. Rows for Tuesday, February 5 - Wednesday, February 6, 2019 and Thursday, February 7, 2019.

*Dues current through 12/31/2018 or later

Total Amount Due:

PAYMENT INFORMATION

Company Check - Make check payable to American Clinical Magnetoencephalography Society (in US Dollars, drawn on a US bank)
Credit Card (check one): VISA MasterCard
Please invoice me.

Credit Card Number Expiration Date
Card Holder Name
Authorized Signature Date

Registrations will not be processed without payment and signature.

Signature of Agreement: I understand that the event registration rate listed above will be charged to the credit card I have listed. I understand further that all registration charges must be paid in full upon completion of this form.

Cancellation Policy. Refund requests must be submitted in writing to ACMEGS prior to January 31, 2019. A \$20 processing fee will be charged for all refunds. We regret refunds will not be guaranteed for requests postmarked or received after January 31, 2019.

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the American Clinical Magnetoencephalography Society, Caesar's Palance, their respective agents, servants, employees, representatives, successors, and assigns, from any and against all claims, demands, causes of action, damages, costs, and expenses, including attorneys' fees, for injury to person or damage to property arising out of attendance.

PLEASE RETURN THIS REGISTRATION FORM WITH REQUIRED PAYMENT TO
American Clinical Magnetoencephalography Society, Attn: Meetings Department - 555 E. Wells Street, Suite 1100 - Milwaukee, WI 53202
Fax: (414) 276-3349 - E-mail: info@acmegs.org