

registration form

american college
of epidemiology

annual scientific sessions

Pre-registration closes on September 5, 2000. Registrations received after September 5 will be processed at on-site rates. Refunds will be issued for cancellations received in writing by September 15, 2000.

Please print or type the following information. It will be used to print your name badge and mail your confirmation.

Name _____
first middle last degree

Institution _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Fax _____

Email _____

september 24-26, 2000
ritz-carlton buckhead
atlanta, georgia

workshop registration

Three workshops will be held on Sunday, September 24. Enrollment is limited. Please indicate your 1st, 2nd, and 3rd choices. You will be assigned your highest priority available.

- Workshop 1: Epidemiologic Analysis of Complex Sample Surveys
- Workshop 2: Design and Analysis of Cluster Randomization Trials in Health Research
- Workshop 3: Molecular Genetics for Epidemiologists: From the Basics to Advanced Topics (BOTH SESSIONS)
- Workshop 3-A: Molecular Genetics for Epidemiologist: MORNING SESSION (Basic Topics)
- Workshop 3-B: Molecular Genetics for Epidemiologist: AFTERNOON SESSION (Advanced Topics)

Workshops 1, 2, or 3 (morning and afternoon)

Member \$ 95 \$ _____

Non-Member \$145 \$ _____

Student* \$ 55 \$ _____

Workshops 3A (morning) or 3B (afternoon)

Member \$ 63 \$ _____

Non-Member \$ 97 \$ _____

Student* \$ 37 \$ _____

(A \$50 surcharge will be assessed for on-site registration.)

Lunch Roundtable Workshop — Monday, September 25
(must pre-register for this workshop — includes lunch)

..... \$16 \$ _____

Questions? Please call us at (919) 787-5181 or email us at
info@acepidemiology.org

For Membership Information — Please visit ACE Web site at
www.acepidemiology.org

general registration

Registration includes all sessions (except workshops), breaks, roundtable breakfast, banquet, and poster reception.

	Before 9/5	After 9/5 and On-site	
Member	\$225	\$275	\$ _____
Non-Member	\$310	\$360	\$ _____
Student*	\$105	\$135	\$ _____

*Proof of student status is required

Registrations received after 9/15 will be processed on-site.

banquet

Do you plan to attend the banquet luncheon on Tuesday,
September 26? Yes No

TOTAL ENCLOSED \$ _____

special services

- Please check here if you require special accommodations to fully participate. Attach a written description.

payment information

Check or credit card information must be received with registration form.
Please either fax OR mail registration form. Do not fax AND mail
registration form! Thank you.

- Check (US currency, payable to American College of Epidemiology)
- MasterCard Visa American Express

Authorized Card Holder (Please print):

Card Number: _____ Exp. Date: _____

Please Mail or Fax This Form with Payment to:
American College of Epidemiology
4101 Lake Boone Trail, Suite 201
Raleigh, North Carolina 27607

Phone: (919) 787-5181
Fax: (919) 787-4916