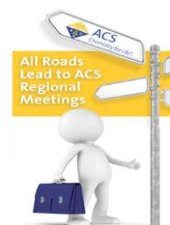


DEADLINE FOR RECEIPT OF REGISTRATION IS October 14, 2016



**REGIONAL MEETING PLANNING CONFERENCE
American Chemical Society
Washington, DC
November 4 – 6, 2016**



Dr. Mr. Ms. Mrs. Region Board Chair Future Meeting Organizer

First Name _____ Last Name: _____

Company: _____

Address: _____

City: _____ ST _____ Zip _____

Phone (work): _____ Cell _____

Email: _____

Which Region Board are you a member of: _____

Which future Regional Meeting are you organizing: _____ Host Local Section _____

“The Regional Meeting Planning Conference will provide you with the information and resources you need to successfully execute a regional meeting”
~ James Kiddle
2015 Joint Great Lakes and Central Regional Meeting

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

- REGISTRATION MUST BE ACCOMPANIED BY EITHER A CHECK OR CREDIT CARD NUMBER IN ORDER TO BE PROCESSED.
- PLEASE MAKE CHECK PAYABLE TO ACS
- **MAIL OR FAX COMPLETED FORM** TO AMERICAN CHEMICAL SOCIETY, ATTN: Brianne Blevins • 1155--16TH STREET, N.W WASHINGTON, DC 20036. PHONE: (800) 227-5558, EXT. 4608; FAX: (202) 872-6128
- PLEASE NOTIFY Brianne Blevins IMMEDIATELY IF YOU MUST CANCEL
- REGISTRATION FEE WILL NOT BE REFUNDED FOR CANCELLATIONS MADE LESS THAN 72 HOURS PRIOR TO THE CONFERENCE
- PLEASE ADVISE OF ANY DIETARY RESTRICIONS OR PHYSICAL CHALLENGES YOU MAY HAVE

PAYMENT SECTION	Paid by: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check															
	Registration Fee:	\$295.00											EXP. DATE			
Total Due:	\$ _____	Cardholder Name (please print): _____														
Check Number:	_____	Signature: _____														