



3 EASY WAYS TO REGISTER!

- **Online:** Visit www.chss.org
- **Fax:** 978-524-0461
- **Mail:** 500 Cummings Center, Suite 4400
Beverly, MA 01915

PLEASE PRINT OR TYPE

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ Email: _____

*NAME OF SPONSORING MEMBER: _____

REGISTRATION FEES

		<u>Before</u> <u>Sept. 17</u>	<u>Beginning</u> <u>Sept. 17</u>	<u>Onsite</u>	<u>Total</u>
A. _____	Member	N/C	N/C	N/C	N/C
B. _____	Non-Member	\$150	\$200	\$225	\$ _____
C. _____	Resident	\$50	\$100	\$125	\$ _____
D. _____	Research Coordinators	\$50	\$50	\$50	\$ _____

TOTAL AMOUNT DUE:

\$ _____

METHOD OF PAYMENT

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank


 
 
 Check Enclosed
Checks payable to CHSS



Security Code: _____ Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card. (See card images above)

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** ____ / ____

BILLING ADDRESS _____

(If not the same as address listed above)

SIGNATURE: _____

I authorize CHSS to charge my credit card the above fees.

Please make checks (in U.S. funds) payable to:
CHSS ♦ 500 Cummings Center, Suite 4400 ♦ Beverly, Massachusetts 01915
Phone: 978-927-8330 ♦ Fax: 978-524-0461

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office on or before Monday, October 8, 2018, the registration fee, less a \$25.⁰⁰ administrative fee, will be refunded after the meeting. Refund requests received after October 8th will not be honored.