



**3 EASY WAYS TO REGISTER!**

- **Online:** Visit [www.chss.org](http://www.chss.org)
- **Fax:** 978-524-0461
- **Mail:** 500 Cummings Center, Suite 4400  
Beverly, MA 01915

**PLEASE PRINT**

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 7, 2019, the registration fee, less a \$25.00 administrative fee, will be refunded after the meeting. Refund requests received after October 7<sup>th</sup> will not be honored.*