

REGISTRATION FORM

MEDICAL HISTORY OF WORLD WAR I

THURSDAY, 22 MARCH 2018 THROUGH SATURDAY, 24 MARCH 2018

ARMY MEDICAL DEPARTMENT CENTER & SCHOOL

FORT SAM HOUSTON, TEXAS (USA)

I. Registrant's contact information:

Full name:

Institutional Affiliation:

Street address (Include zip code):

Email:

Telephone number:

May we include your institutional affiliation and email address in a list of attendees that will be distributed in the conference packet? Yes No

II. Nametag

Please complete the following as you would like it to appear on your nametag:

Name:

Affiliation:

III. Registration

Full meeting registration (US \$75.00 per person) (Graduate student rate: US \$50.00)

Full meeting registration only

Single day (US \$30.00 per person per day): Thursday Friday Saturday

IV. Payment information

Credit card number:

Expiration date:

CID:

Visa Master Card Discover

Cardholder's name:

Billing address (if different from registrant's)- include zip code:

Payment process: Mail, email, or fax this form to the AMEDD Museum Foundation Office at AMEDD Foundation, PO Box 8294, San Antonio, TX 78208; amedd.foundation@att.net or FAX: (210) 226-1827.

For hotel reservations contact: Candlewood Suites, 210-357-2705 x1060. (Reference code is WWI.) Single occupancy for the conference is \$125.00 per night.