



Southern Association for the History of Medicine & Science

Emory Conference Center Hotel, Atlanta, GA

March 2-3, 2012

REGISTRATION FORM

Name _____

Address _____

City _____

State _____ Zip _____

Office Phone _____ Fax _____

E-Mail Address _____

Special Needs _____

Early Registration Rates listed below (after February 9 add \$20.00 to each category)

- Regular: \$225 (includes Friday reception/dinner)
- Student: \$149 (includes Friday reception/dinner)
- Friday night reception/dinner: \$25 per additional guest (____ # attending)

Donations (tax deductible) appreciated.

TOTAL ENCLOSED: \$ _____

**Make check payable to: EMORY UNIVERSITY SCHOOL OF MEDICINE or pay by credit card
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