

MII Fellows 25th Annual Symposium and Reunion

Feb 2-4th 2012 The Conference Center at Northpointe, Lewis Center (Columbus) OH 43214

Booking Form

BOOKING FORM: Please fill in the main delegate on this part and add additional details on the second sheet. It is important that every person attending the Symposium is registered including the social events). Please read the registration information and complete ALL appropriate boxes. Photocopy the form or download a copy from the website before filling out if more than 8 staff wish to register from the same address.

MAIN DELEGATE

Title _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Country (if not USA) _____

Add additional delegates on page 2.

DELEGATE REGISTRATION FEE PAYMENT*

	Earlybird (before Dec 10th)	Standard	Latecomer (from January 18th)	Thursday afternoon Fellows meeting	Thursday Evening Dinner
MII Fellow	\$510 <input type="checkbox"/>	\$560 <input type="checkbox"/>	\$610 <input type="checkbox"/>	free <input type="checkbox"/>	\$80 <input type="checkbox"/>
Associate Fellow	\$560 <input type="checkbox"/>	\$610 <input type="checkbox"/>	\$660 <input type="checkbox"/>	free <input type="checkbox"/>	\$80 <input type="checkbox"/>
MII Grad/Member	\$615 <input type="checkbox"/>	\$665 <input type="checkbox"/>	\$715 <input type="checkbox"/>	<input type="checkbox"/>	\$80 <input type="checkbox"/>
Non-Member	\$650 <input type="checkbox"/>	\$700 <input type="checkbox"/>	\$750 <input type="checkbox"/>	<input type="checkbox"/>	\$80 <input type="checkbox"/>
Spouse/partner*	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$200 <input type="checkbox"/>	<input type="checkbox"/>	\$80 <input type="checkbox"/>
Lab Tech	\$515 <input type="checkbox"/>	\$565 <input type="checkbox"/>	\$615 <input type="checkbox"/>	<input type="checkbox"/>	\$80 <input type="checkbox"/>
Assistant/Student	\$315 <input type="checkbox"/>	\$365 <input type="checkbox"/>	\$415 <input type="checkbox"/>	<input type="checkbox"/>	\$80 <input type="checkbox"/>
Additional Guests for the Caribbean evening	Number of guests <input type="text"/> @ \$95 = \$ _____				

Friday evening Caribbean event is Included in delegates registration fee– tick all relevant boxes–

Guest Names for Caribbean Evening (list only those not registered elsewhere). SubTotal to page 2 \$ _____

- Non participating Spouse/partner includes breakfasts, and Caribbean evening meal.
- Participating spouse partner should register as a delegate.

Please book your accommodation separately. Alternative hotel accommodation is available locally (see list on website) which you may also book independently.

Payment Method

By check: check for \$ _____ attached. Check # _____
Please make check payable to MII Fellows and enclose with completed form.

By Credit card: Amount \$ _____ Please circle: **Visa/MasterCard/Amex/Discover**

Cardholder name: _____ Card number: _____

Expire date ____/____/____ Signature _____

Please mail to: MII Fellows 4819 H Middletowne St. Columbus, OH 43214 or scan and e-mail: carol@smileworld.us

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

ADDITIONAL DELEGATES FROM THE SAME OFFICE/LAB

Title ____ First Name _____ Last Name _____

Qualification _____ Contact details (Only if different from main delegate).

Address: _____ City _____

State zip Tel: _____ e-mail: _____

Thursday afternoon Fellows meeting (Fellows only) free
 Thursday awards dinner \$80.00
 Delegate registration fee (from above) \$ _____

Subtotal _____

Total from page 2 \$ _____

Total brought forward from page 1 \$ _____

Grand Total (complete payment details at the bottom of page 1) \$ _____