



41st MIDDLE ATLANTIC REGIONAL MEETING 2010
APRIL 10-13, 2010
WILMINGTON, DELAWARE

<input type="checkbox"/> Academe	<input type="checkbox"/> Industry	<input type="checkbox"/> Government
Name:		
Company/University:		
Street Address:		
City, State, Zip:		
Local Section:		ACS Division(s):
Phone:	Fax:	Email:

<p align="center">ADVANCE REGISTRATION FEES</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> 01. ACS member</td><td align="right">\$ 135</td></tr> <tr><td><input type="checkbox"/> 02. Nonmember</td><td align="right">\$ 170</td></tr> <tr><td><input type="checkbox"/> 03. Graduate Student</td><td align="right">\$ 45</td></tr> <tr><td><input type="checkbox"/> 04. Undergraduate Student</td><td align="right">\$ 30</td></tr> <tr><td><input type="checkbox"/> 05. Precollege Teacher</td><td align="right">\$ 25</td></tr> <tr><td><input type="checkbox"/> 06. Post-Doctoral Fellow</td><td align="right">\$ 60</td></tr> <tr><td><input type="checkbox"/> 07. Retired/Emeritus/Unemployed</td><td align="right">\$ 35</td></tr> <tr><td><input type="checkbox"/> 08. Guest *</td><td align="right">\$ 30</td></tr> <tr><td><input type="checkbox"/> 09. High School Student</td><td align="right">\$ 10</td></tr> <tr><td><input type="checkbox"/> 10. 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DEADLINE FOR RECEIPT OF ADVANCE REGISTRATION FORM IS MARCH 28, 2010

- ALL REGISTRATIONS MUST BE PREPAID BY EITHER CHECK OR CREDIT CARD IN ORDER TO BE PROCESSED.
- MAIL OR FAX COMPLETED FORM TO: AMERICAN CHEMICAL SOCIETY, OFFICE OF SOCIETY SERVICES, 1155-16TH STREET, N.W., WASHINGTON, DC 20036. PHONE: (800) 227-5558; FAX: (202) 872-6067. REQUESTS FOR REFUNDS MUST BE SUBMITTED IN WRITING PRIOR TO APRIL 9, 2010.
- FOR ACCESSIBILITY ACCOMMODATION, PLEASE CALL 202-872-6061 OR EMAIL A_FREDEKICK@ACS.ORG

TOTAL FEES:	Registration \$ _____	Paid by: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Check
	Special Events \$ _____	
	Box Lunch \$ _____	
TOTAL AMOUNT ENCLOSED	\$ _____	
	Cardholder Name (please print): _____	EXP. DATE: _____
	Signature: _____	