



Name (Last, First):	
Company/University:	
Street Address:	
City, State, Zip:	
Phone:	Email:
Local Section:	ACS Division(s):

<p align="center">ACS MEMBER REGISTRATION FEES BY SEPTEMBER 27</p> <p><input type="checkbox"/> ACS member \$110</p> <p><input type="checkbox"/> Graduate Student \$70</p> <p><input type="checkbox"/> Undergraduate Student \$40</p> <p><input type="checkbox"/> Precollege Teacher \$40</p> <p><input type="checkbox"/> Retired, Emeritus \$40</p> <p><input type="checkbox"/> Unemployed \$30</p> <p><input type="checkbox"/> 50 Year ACS Member No Charge</p> <p align="center">AFTER SEPTEMBER 27 & ONSITE</p> <p><input type="checkbox"/> ACS member \$160</p> <p><input type="checkbox"/> Graduate Student \$100</p> <p><input type="checkbox"/> Undergraduate Student \$40</p> <p><input type="checkbox"/> Precollege Teacher \$40</p> <p><input type="checkbox"/> Retired, Emeritus \$40</p> <p><input type="checkbox"/> Unemployed \$40</p> <p><input type="checkbox"/> 50 Year ACS Member No Charge</p> <p align="center">NON MEMBER REGISTRATION FEES BY SEPTEMBER 27</p> <p><input type="checkbox"/> Nonmember \$140</p> <p><input type="checkbox"/> Graduate Student \$70</p> <p><input type="checkbox"/> Undergraduate Student \$40</p> <p><input type="checkbox"/> Precollege Teacher \$40</p> <p><input type="checkbox"/> Retired, Emeritus \$40</p> <p><input type="checkbox"/> Guest \$20</p> <p><input type="checkbox"/> High School Student \$20</p> <p align="center">AFTER SEPTEMBER 27 & ONSITE</p> <p><input type="checkbox"/> Nonmember \$200</p> <p><input type="checkbox"/> Graduate Student \$100</p> <p><input type="checkbox"/> Undergraduate Student \$40</p> <p><input type="checkbox"/> Precollege Teacher \$40</p> <p><input type="checkbox"/> Retired, Emeritus \$40</p> <p><input type="checkbox"/> Guest \$30</p> <p><input type="checkbox"/> High School Student \$20</p>	<p align="center">RMRM 2017 SPECIAL EVENTS & WORKSHOPS</p> <p align="center"><i>(You must be registered for the meeting to participate in these events)</i></p> <p align="center"><i>Please Check the Events You Plan to Attend</i></p> <p><input type="checkbox"/> Opening Sci-Mix and Reception: No Charge Wednesday, October 25, 6:00 PM – 9:00 PM</p> <p><input type="checkbox"/> WCC Breakfast.....\$25 Thursday, October 26, 7:30 AM – 8:30 AM</p> <p><input type="checkbox"/> SCC Break No Charge Thursday, October 26, 10:00 AM – 11:00 AM</p> <p><input type="checkbox"/> YCC Lunch\$10 Thursday, October 26, 12:00 PM – 1:00 PM</p> <p><input type="checkbox"/> Boxed Lunch \$10/\$25 Onsite Thursday, October 26, 12:00 PM – 1:00 PM</p> <p><input type="checkbox"/> Awards Reception.....No Charge Thursday, October 26, 6:00 PM – 7:00 PM</p> <p><input type="checkbox"/> RMRM 2017 Awards Banquet\$65 Thursday, October 26, 7:00 PM – 9:00 PM</p> <p><input type="checkbox"/> Setting Yourself Up for Success in an Interview.....\$20 Friday, October 27, 8:00 AM – 10:00 AM</p> <p><input type="checkbox"/> Boxed Lunch..... \$10/\$25 Onsite Friday, October 27, 12:00 PM – 1:00 PM</p> <p><input type="checkbox"/> Resume Reviews (30 min individual appointments).....No Charge Friday, October 27, 1:00 PM – 5:00 PM</p> <p><input type="checkbox"/> Social with ACS GovernanceNo Charge Friday, October 27, 2:30 PM – 3:30 PM</p> <p><input type="checkbox"/> High School Teacher ProgramNo Charge (Workshops Specially Designed for HS Chemistry Teachers) Saturday, October 28 – 8:00 AM – 12:00 PM</p>
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- All registrations must be prepaid by check or credit card in order to be processed. Please submit a separate registration form for each registrant.
- Return completed form to: ACS Regional Meeting Registration, POB 3337, Columbus, OH 43210-3337 or FAX 202-872-6128. For questions, call 800-333-9511 or 614-447-3776.
- For accessibility accommodation, please call 800- 227-5558 ext 4608 or 202-872-4608) or email b_bleivins@acs.org
- Requests for refunds must be received in writing by Friday, October 12th. Send requests to: Brianne Blevins at b_bleivins@acs.org

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