



# 2019 Registration Form

January 6-9, 2019 San Diego, CA

Online: [www.sacmeetings.org](http://www.sacmeetings.org) Fax: 608-273-2021

Mail: 5585 Guilford Road, Madison, WI 53711-5801

## Contact Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name/Surname \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

This address is  Home  Business

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Badge Information *(this is how your badge will read)*

First Name/Nickname \_\_\_\_\_

Full Name \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

## Registration Fees

	By Nov. 29	After Nov. 29	After Dec. 12	Amount Due
SSSA Professional Member/Nonmember	\$550.00	\$625.00	\$705.00	_____
Emeritus Member	\$270.00	\$335.00	\$405.00	_____
Early Career*	\$450.00	\$515.00	\$585.00	_____
Graduate Student	\$270.00	\$335.00	\$405.00	_____
Undergraduate Student (SASES)	\$ 85.00	\$ 85.00	\$105.00	_____
One Day	\$395.00	\$395.00	\$395.00	_____
Two Day	\$550.00	\$550.00	\$550.00	_____
<b>Total Registration Amount Due</b>				_____

\*Early Career is a person who has completed their terminal degree within the past 7 years.

## Keynote Sessions (extra ticket)

	Quantity	Amount Due
I will need an extra ticket for the Opening & Closing Keynote sessions & receptions.	_____	_____
	\$50.00	_____
<b>Total Keynote Session Amount Due</b>		_____

## Abstract USB Flash Drive

	Quantity	Amount Due
Abstract Flash Drive pick up in San Diego	_____	_____
Abstract Flash Drive mailed prior to the Annual Meeting	_____	_____
	\$20.00	_____
	\$30.00	_____
<b>Total Abstract USB Flash Drive Amount Due</b>		_____

## Special Events

Give Back to San Diego Foodbank Donation	\$5.00	_____	\$10.00	_____	\$20.00	_____	\$50.00	_____	\$100.00	_____
<b>Total Special Events Amount Due</b> _____										

**Food Functions**

SSSA Plenary Awards Breakfast\*, Mon., Jan. 7

\*Limited Number of Tickets

Before Nov. 29	After Dec. 12	Quantity	Amount Due
\$10.00	\$10.00	_____	_____
<b>Total Food Functions Amount Due</b>			_____

**Tours and Workshops**

Tour and workshop registration opens in July. An email notification will be sent with more information at this time.

**Agreement to Participate — Release of Liability****This section must be completed.**

I release, waive, and forever discharge the SSSA, their directors, officers, agents, and employees from all liability and any claim or demand I may have on account of injury to me during any tours or special events in which I participate. I have read this Agreement to Participate, Release of Liability, and fully understand its terms.

I grant SSSA permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media including social media, whether now known or hereafter existing, controlled by SSSA, in perpetuity, and for other use by the SSSA. I will make no monetary or other claim against the SSSA for the use of the interview and/or the photograph(s)/video.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Payment****Please total your fees from the different categories of this registration form:**

Registration Total	\$ _____	Extra Keynote Ticket Total	\$ _____
Program USB Total	\$ _____	Food Functions Total	\$ _____
Special Events Total	\$ _____	<b>GRAND TOTAL</b>	\$ _____

Check one of the forms of payment below. Registration forms not including proper full payment will not be processed.

- Check (made payable to SSSA, drawn on a U.S. bank in U.S. funds, including routing numbers)  
 Credit Card. Accepted credit cards include Master Card, Visa, Discover, and American Express.

*Two credit card fields are available below if you need to charge portions of your fee to your personal card or company card.*

Credit Card Number _____	Credit Card Number _____
Exp. Date (Mo/Yr) _____	Exp. Date (Mo/Yr) _____
Card Holder Name (please print) _____	Card Holder Name (please print) _____
Card Holder Signature _____	Card Holder Signature _____
Amount _____	Amount _____

Cancellation policy available at [www.sacmeetings.org/register](http://www.sacmeetings.org/register).**Registration Submission**

Please complete both pages of the registration form and mail or fax it with your payment to:

**Mail:** SSSA, Attn: AM Registrar, 5585 Guilford Rd., Madison, WI 53711 • **Fax:** 608-273-2021**Online:** [www.sacmeetings.org/register](http://www.sacmeetings.org/register)