

## MIDWEST SECTION Virtual Meeting • March 8-10



## Virtual Registration Form

Name			
University/Business Affiliation			
Street Address			
City	State	Zip	
PhoneFax	Emai	1	
Virtual Options Virtual Member Virtual Nonmember Virtual Student Member Virtual Student Nonmember Virtual Fellow/Retired			_\$275 _\$475 _\$95 _\$130 _\$150
TOTAL		\$	
Make check payable to the American S ASAS, PO Box 7410, Champaign, IL o Cancellation Policy: There will no rea	61826 or fax to 217	-568-6070.	C
Visa□ MasterCard□ Ame	erican Express□	Discover□	
Total amount to charge:			
Credit Card Number			_Expiration Date
CVV:			
Signature			