

Conference Registration

MICHIGAN SOCIETY *for* RESPIRATORY CARE 2015 Fall Conference

October 5-6 | Double Tree | 1 Wenonah Park Place | Bay City, MI



Personal Information Please print

Name _____ Credentials _____ Email (required for confirmation) _____

YES! I allow MSRC to send a letter to my U.S. Representative on my behalf regarding current Respiratory Therapy Legislation

Work/School Information Please print

Employer/School Name _____

Department _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Home Information Please print

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Hotel Information

Double Tree Hotel
1 Wenonah Park Place, Bay City, MI 48708
Call 1-800-222-TREE (8733) to make an overnight reservation before September 13.

Professional Position (select one)

- Instructor/Educator Manager/Director Nurse Physician
 Polysomnographic Technologist Staff Therapist Student
 Supervisor Other: _____

PLEASE NOTE: To qualify for the Member registration rates you must provide one of the following member numbers below.

MSRC # _____

AAST # _____

AARC # _____

Conference Registration

OPTION 1: Full Conference (Monday & Tuesday)

Registration Fee	Before 9/18/15	After 9/18/15
<input type="checkbox"/> MSRC Member	\$ 170	\$ 185
<input type="checkbox"/> AAST Member	\$ 170	\$ 185
<input type="checkbox"/> AARC Member	\$ 170	\$ 185
<input type="checkbox"/> MSRC Student Member	\$ 90	\$ 105
<input type="checkbox"/> Non Member	\$ 220	\$ 235
<input type="checkbox"/> Non Student Member	\$ 130	\$ 145

OPTION 2: One Day ONLY Please select day of attendance:

Mon. Tues.

Registration Fee	Before 9/18/15	After 9/18/15
<input type="checkbox"/> MSRC Member	\$ 110	\$ 125
<input type="checkbox"/> AAST Member	\$ 110	\$ 125
<input type="checkbox"/> AARC Member	\$ 110	\$ 125
<input type="checkbox"/> MSRC Student Member	\$ 70	\$ 85
<input type="checkbox"/> Non Member	\$ 140	\$ 155
<input type="checkbox"/> Non Student Member	\$ 105	\$ 120

OPTIONAL EVENTS: YES! I will attend the Welcome Reception Monday at 4:30 pm YES! I will attend the House Meeting, Monday at 5:30 pm

YES! I am attending the Student Workshop on Monday

Payment

VISA MasterCard Check # _____ (please make payable to MSRC)

Card Number _____ Exp. Date _____

Cardholder Name _____ Signature _____

Billing Address _____ Zip Code _____

Mail registration with payment to: MSRC | 124 W. Allegan, Suite 1900, Lansing, MI 48933 | Tel 517.267.3909 | Fax 517.484.4442 | www.michiganrc.org