

MICHIGAN SOCIETY FOR RESPIRATORY CARE

2019 Fall Conference

REGISTRATION

October 7-8 | Bavarian Inn | Frankenmuth, MI

Personal Information

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
 No! I do not want my name and contact information given to vendors

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

Bavarian Inn

One Covered Bridge, Frankenmuth, MI

Call 1-855-652-7200 to make an overnight reservation before September 6th. Be sure to mention you're with MSRC to get group discount!

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 # _____

AARC # _____

Conference Registration

OPTION 1: Full Conference (Monday & Tuesday)

Registration Fee	On or before 9/20/19	After 9/20/19
<input type="checkbox"/> MSRC Member	\$ 170	\$ 185
<input type="checkbox"/> AARC Member	\$ 170	\$ 185
<input type="checkbox"/> MSRC Student Member	\$ 50	\$ 75
<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.	On or before 9/20/19	After 9/20/19
Registration Fee				
<input type="checkbox"/> MSRC Member			\$ 110	\$ 125
<input type="checkbox"/> AARC Member			\$ 110	\$ 125
<input type="checkbox"/> MSRC Student Member			\$ 50	\$ 75
<input type="checkbox"/> Non Member			\$ 140	\$ 155
<input type="checkbox"/> Non Student Member			\$ 105	\$ 120

OPTIONAL EVENTS at no additional charge!

Please check all that apply:

- YES! I will attend the Networking Patio Reception Monday at 5:00 p.m.
 YES! I am attending the Student Heart- Lung Dissection Workshop. Space Limited to 30 participants. Monday - 1:00 p.m. - 3:00 p.m.
 YES! I am attending the Student Heart- Lung Dissection Workshop. Space Limited to 30 participants. Tuesday - 9:15 a.m. - 11:15 a.m.

Payment

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

Card Number _____ Exp. Date _____

Cardholder Name _____ Signature _____

Billing Address _____ Zip Code _____