

AMERICAN CYTOGENETICS CONFERENCE

Membership Form

(please only complete the membership form if you are not registering for the meeting – meeting registration form will be sufficient for membership form if you are registering)

A. Member Information:

Name: _____
First Middle Last

Address: _____
Institution

Street Address

City: _____

State/Country: _____ Zip/Postal Code: _____

E-mail: _____ Phone: () _____

B. Membership Dues

___ Full Membership \$100.00/2 years
___ Trainee Membership \$ 40.00/2 years
(must be accompanied by a letter of training status from mentor)

C. Method of Payment

___ Check payable to the American Cytogenetics Conference (please send to address shown below)

___ Credit Card

Credit Card Type: ___ Visa ___ Mastercard

Credit Card Number: _____

Credit Card Expiration Date: _____

Cardholder's Name(*exactly* as it appears on card): _____

Billing Address: _____

Please make checks payable to: **American Cytogenetics Conference** and mail to the following address:

Sue Ann Berend
Genzyme Genetics
10421 University Center Drive
Suite 100
Tampa, FL 33612
(800) 966-4440
Sue.berend@genzyme.com