HI-ASM Fall Meeting Registration Form

On Tuesday, Oc	tober 21 st , 2014 at the	Ko'olau Conferen	ce Center
Full Name with Title: _			
Address 2: _			
City, State, ZIP: _			
Email: _			
Hawaii Branch of ASM meeting p	participation fees:		
aculty/Staff/Non-Students with HI-ASM or \$40 SCLS membership			
Students with HI-ASM or ASCLS r	CLS membership \$15		
Non-Members		\$55	
*Hawaii ASM is subsidizing the cost of the fall	dinner for ASM/ASCLS membe	rs. The unsubsidized cos	st for the dinner is \$50.
Hawaii Branch of ASM members	hip fees:		
Regular Membership		\$15	
Student Membership		\$6	
Contributing Membership	\$25-\$49	\$	\Box
Sustaining Membership	\$50+	\$	
Total payment, including meeting	g participation fee and	membership:	\$
*Make checks payable to Hawaii Bra	nch of the American Soci	ety for Microbiology	7.
Please drop off or mail completed	d registration form with	payment to:	
Drop off to:	Drop off to:		Mail to:
Jourdan Posner	Deborah Morito		Dr. Mike Lieberman
Department of Tropical Medicine	Department of Microbi	ology	1052 Ala Nanu, Apt. #304
651 Ilalo St., BSB 320	2538 McCarthy Mall, S	Snyder 207	Honolulu, HI 96818
808-692-1676 PI	ease RSVP by Octobe	er 14 th 2014	