

Central States Occupational and Environmental Medicine Association

To [register online](http://www.csoema.org), go to www.csoema.org

Please register me for the above seminar(s)

PLEASE PRINT

Name: _____ Degree: _____

Nickname for Badge: _____

Business Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

_____ I do NOT wish to have my e-mail address published in the attendance list

Check here to request continuing education units: _____ CMEs _____ MOCs _____ Nursing CEUs

Check here if you are an: _____ ACOEM Member _____ ACOEM Fellow _____ ACOEM Master _____ Resident
_____ Retired Member _____ RN _____ NP _____ PA

_____ Register me for the spring seminar on March 7-9, 2019 for **\$550** \$ _____

_____ Register me for Thursday, March 7, 2019 only for **\$200** \$ _____

_____ Register me for Friday and Saturday, March 8-9, 2019 for **\$350** \$ _____

_____ Register me for the fall seminar for **\$500** (Retired Member, RN, NP, PA) \$ _____

\$ _____

TOTAL: \$ _____

If you have special dietary requirements, please call or e-mail susan@csoema.org prior to the seminar

NAME OF GUEST(S) (For Friday evening events only) _____

PAYMENT METHOD ___ Check ___ Visa ___ MasterCard ___ AMEX ___ Discover Credit Card Number _____

3-digit verification code (on the back of your credit card, next to the last 4-digits of your account number) _____

Exp. Date: ___/___/___ Cardholder's Signature _____

Checks should be made payable to: CSOEMA (Tax ID #36-6086786)

_____ I would like to make a donation to the CSOEM Foundation:

- Please charge my credit card \$ _____ as a donation to the Foundation.
- Enclosed please find a check in the amount of \$ _____ for the Foundation.
- I will send a separate check for \$ _____ for the Foundation.

Send a copy of this registration form with checks to:

CSOEMA
Attn: Marlyce J. Nutt
6 Phillippi Creek
Elgin, IL 60120-7585

Phone: 630-497-0286
E-mail: marlyce@csoema.org
Fax: 888-317-7922