



SAEM19 MedWAR
Red Rock Canyon
Friday, May 17, 2019
8:00 AM – 5:00 PM PST

Contact Information *(primary contact for MedWAR correspondence)*

Name: _____
Phone Number: _____ Email: _____
Institution: _____

Team Information *(each SAEM19 MedWAR team will have up to (3) three members. Each team is \$450)*

Team Name: _____ Team Captain: _____

Team Member 1 Name: _____

Team Member 1 Shirt Size: S M L XL XXL

Team Member 1 Email: _____

Team Member 2 Name: _____

Team Member 2 Shirt Size: S M L XL XXL

Team Member 2 Email: _____

Team Member 3 Name: _____

Team Member 3 Shirt Size: S M L XL XXL

Team Member 3 Email: _____

Institution Sponsorship Information *(for multiple team sponsorship, please see next page)*

Method of Payment: Visa Mastercard AmEx Discover Check*

Institution Name: _____

Institution Address: _____

Name on Card: _____ Total: _____

Card Number: _____ Expiration: _____ CVV#: _____

Signature: _____

Please submit your completed registration form to events@saem.org or 847-813-5450 (fax)
SAEM | 1111 E. Touhy Suite 540 | Des Plaines, IL 60018

*Checks should be made payable to SAEM and sent to the above address



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Multiple Institution Sponsorship Opportunity

For your convenience, we have included extra space for multiple institutions to sponsor one team!

Institution Sponsorship Information

Method of Payment:	Visa	Mastercard	AmEx	Discover	Check*
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Institution Name: _____

Institution Address: _____

Name on Card: _____ Total: _____

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