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| **Instructions:**  Send this completed form to  [amym.nerds@gmail.com](mailto:amym.nerds@gmail.com)  by **March 20, 2019** | **GROUP REGISTRATION FORM**  **NERDS19**  Wednesday, March 27, 2019  Worcester, MA  <http://saem.org/meetings/regional-meetings/new-england> | **H:\NERDs\Regional Meetings\PICTURES\Logos\NERDS Logo Cropped.jpg** |

**Prices:**

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| Attending/Faculty $175 | Fellow $100 | Research Assistant/Coordinator $50 | Administrator $100 |
| Resident $80 | Allied Health Professional $100 | Student $25 | Other $100 |

**Please list all attendees associated with this registration:**

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| **Full Name, Degree**  (as will be shown on badge) | **E-mail** | **Fee Category**  (attending, resident, etc.) | **Fee** |
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| **Contact person:** | | **Bill to:** | |
| Name: |  | Institution / Payee (as shown on check): |  |
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| E-mail: |  | Mailing Address: |  |
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| Phone: |  |  |

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| **Preferred method of payment:** | Check (by mail) | Credit Card (by phone) |
|  | If paying by check, we will send an invoice for payment to the contact person listed above. | If paying by credit card, we will send further instructions to the contact person listed above. |