

ANCDS

ACADEMY OF NEUROLOGIC COMMUNICATION DISORDERS AND SCIENCES

2008 ANNUAL

EDUCATIONAL & SCIENTIFIC MEETING

WEDNESDAY, NOVEMBER 19, 2008

RUSH UNIVERSITY MEDICAL CENTER, CHICAGO

542 BRAINARD ROOM, SEARLE CONFERENCE CENTER

REGISTRATION FORM

Registration Deadline: November 7, 2008

Membership Status: ___ Full ___ Associate ___ Nonmember*

Board Certification: ___ Yes ___ No

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(Check "Yes" if you are currently enrolled. Specify the program name, university and location here):

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___ I will attend the **Honors Luncheon** ___ I will not attend the **Honors Luncheon**

REGISTRATION FEE (includes Educational & Scientific Program, Continental Breakfast, Honors Luncheon and Afternoon Snack).

ANCDS Members (Full and Associate)	_____	\$80.00
Students	_____	\$40.00
Nonmembers*	_____	\$125.00
All Late Registrations (after Nov. 7)	_____	\$125.00

Enclose check (US dollars only) payable to ANCDS with this form and mail to:

Academy of Neurologic Communication Disorders and Sciences
PO Box 26532 Minneapolis, MN 55426

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FAX: (952) 920-6098

E-MAIL: ancds@incnet.com

WEBPAGE: <http://www.ancds.org>

ANCDS also accepts Visa and Mastercard payments. See the attached page for payment information.

*** NON-MEMBERS PLEASE NOTE:** Applicants for new 2009 ANCDS memberships may register for the Annual Meeting at the ANCDS Members meeting registration rate of \$80. To be eligible for the member rate, please return the enclosed membership application form, along with this Annual Meeting Registration Form and payment for \$115 (New member dues of \$35 + ANCDS member registration fee of \$80). New applicants may apply for either associate or full membership, effective January 1, 2009.

Academy of Neurologic Communication Disorders & Sciences

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