



PRE-REGISTRATION FORM

REGISTRATION POLICIES: ONLY REGISTRATIONS RECEIVED BY 09/04 WILL BE PROCESSED AT THE EARLY-BIRD RATE. FORMS RECEIVED 09/05-10/02 WILL BE PROCESSED AT THE ADVANCE RATE. THE PRE-REGISTRATION DEADLINE IS 10/02 AT 11:59PM (ET), AFTER WHICH ALL REGISTRATIONS MUST BE COMPLETED ONSITE AT THE APPROPRIATE ONSITE RATE. FORMS/PAYMENTS RECEIVED AFTER 10/02 WILL NOT BE PROCESSED. INCOMPLETE FORMS AND FORMS SUBMITTED WITHOUT PAYMENT IN FULL WILL NOT BE PROCESSED. NAME BADGES MUST BE WORN AT ALL TIMES DURING THE MEETING. A \$25 FEE WILL BE ASSESSED FOR ONSITE BADGE REPRINTS. REQUESTS FOR REGISTRATION CANCELLATION MUST BE RECEIVED BY REGISTRAR@BMES.ORG NO LATER THAN 09/04 IN ORDER FOR A REFUND TO BE PROCESSED. REFUND REQUESTS WILL NOT BE HONORED AFTER 09/04. ATTENDEE SUBSTITUTIONS ARE NOT PERMITTED AND MEETING REGISTRATIONS CANNOT BE TRANSFERRED TO ANOTHER PERSON. MEMBERSHIP DUES PAYMENTS ARE NON-REFUNDABLE.

ATTENDEE CONTACT & BADGE INFO - BOLDDED FIELDS ARE REQUIRED; RESPONSES TO FIELDS MARKED WITH AN ASTERISK (*) WILL BE PRINTED ON YOUR NAME BADGE.

FIRST NAME * _____ **M.I.** _____ **LAST NAME *** _____ **PREFERRED NAME/NICKNAME (IF DIFFERENT FROM YOUR FIRST NAME) *** _____

COMPANY/ORGANIZATION/UNIVERSITY * _____ **JOB TITLE/POSITION** _____

MAILING ADDRESS

CITY _____ **STATE/PROVINCE** _____ **ZIP/POSTAL CODE** _____ **COUNTRY (IF OUTSIDE OF THE US)** _____

EMAIL ADDRESS -- FORM WILL NOT BE PROCESSED WITHOUT A VALID EMAIL ADDRESS BELONGING TO THE ATTENDEE _____ **TELEPHONE** _____

EMPLOYMENT TYPE (SELECT ONE):

ACADEMIC INDUSTRY HOSPITAL/CLINICIAN GOVERNMENT NON-PROFIT STUDENT [UNDERGRAD] STUDENT [GRAD] STUDENT [DOCTORAL] POSTDOC OTHER

IS THIS YOUR FIRST TIME ATTENDING A BIOMEDICAL ENGINEERING SOCIETY (BMES) CONFERENCE OR EVENT? YES NO UNSURE/PREFER NOT TO ANSWER

RACE/ETHNICITY (PLEASE SELECT THE CATEGORY WITH WHICH YOU MOST CLOSELY IDENTIFY):

AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN AMERICAN HISPANIC/LATINO NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER WHITE PREFER NOT TO ANSWER

SEX: MALE FEMALE PREFER NOT TO ANSWER **SPECIAL MEETING NEEDS DUE TO DISABILITY (IF APPLICABLE):** _____

REGISTRATION FEES - FULL REGISTRATION FEE INCLUDES ACCESS TO ALL NON-TICKETED SESSIONS, POSTERS, THE EXHIBIT HALL, WELCOME RECEPTION, BMES BASH AND PROGRAM GUIDE. ONE DAY FEE INCLUDES NON-TICKETED SESSIONS, POSTERS AND THE EXHIBIT HALL FOR THE SELECTED DAY, ONLY. BMES BASH AND ADMITTANCE TO THE WELCOME RECEPTION ARE NOT INCLUDED WITH ONE DAY REGISTRATION.

FULL REGISTRATION

	EARLY-BIRD RECEIVED BY 09/04	ADVANCE RECEIVED 09/05 - 10/02	ONSITE RECEIVED 10/16 - 10/19	
<input type="checkbox"/> BMES MEMBER/FELLOW*	\$455	\$580	\$765	\$ _____
<input type="checkbox"/> BMES EARLY CAREER MEMBER*	\$305	\$395	\$530	\$ _____
<input type="checkbox"/> BMES STUDENT MEMBER*	\$250	\$315	\$400	\$ _____
<input type="checkbox"/> NON-MEMBER/EXPIRED MEMBER	\$765	\$965	\$1275	\$ _____
<input type="checkbox"/> STUDENT NON-MEMBER/EXPIRED STUDENT [ANTICIPATED GRADUATION YEAR: _____]	\$360	\$440	\$550	\$ _____

FULL REGISTRANTS - CHECK THE BOX NEXT TO EACH OF THE FOLLOWING EVENTS THAT YOU PLAN TO ATTEND (INCLUDED WITH FULL REGISTRATION): WELCOME RECEPTION BMES BASH

ONE DAY REGISTRATION

	EARLY-BIRD RECEIVED BY 09/04	ADVANCE & ONSITE RECEIVED 09/05 - 10/02 & 10/16 - 10/19	
<input type="radio"/> THURSDAY (10/17) <input type="radio"/> FRIDAY (10/18) <input type="radio"/> SATURDAY (10/19)			
<input type="checkbox"/> BMES MEMBER/FELLOW*	\$300 PER DAY	\$400 PER DAY	\$ _____
<input type="checkbox"/> BMES EARLY CAREER MEMBER*	\$200 PER DAY	\$275 PER DAY	\$ _____
<input type="checkbox"/> BMES STUDENT MEMBER*	\$175 PER DAY	\$200 PER DAY	\$ _____
<input type="checkbox"/> NON-MEMBER/EXPIRED MEMBER	\$480 PER DAY	\$640 PER DAY	\$ _____
<input type="checkbox"/> STUDENT NON-MEMBER/EXPIRED STUDENT [ANTICIPATED GRADUATION YEAR: _____]	\$250 PER DAY	\$300 PER DAY	\$ _____

* MEMBERSHIP MUST REMAIN CURRENT THROUGH 10/19/19 TO RECEIVE A DISCOUNTED MEMBER RATE; IF YOUR MEMBERSHIP IS EXPIRED WHEN YOU REGISTER, YOU WILL BE CHARGED AT THE APPROPRIATE NON-MEMBER RATE.

MEMBERSHIP

I WANT TO JOIN BMES RENEW MY MEMBERSHIP

FELLOW (FOR RENEWAL ONLY) - \$250 MEMBER - \$200 EARLY CAREER - \$80 [GRADUATION YEAR: _____] STUDENT - \$30 [ANTICIPATED GRADUATION YEAR: _____] \$ _____

TICKETED EVENTS

SPACE IS LIMITED AND TICKETS WILL BE SOLD ON A FIRST-COME, FIRST-SERVED BASIS. ADMITTANCE TO THESE EVENTS IS RESTRICTED TO REGISTERED CONFERENCE ATTENDEES, ONLY.

10/16 - LGBT DESSERT SOCIAL # OF TICKETS _____ @ \$10 EACH \$ _____

10/17 - CELEBRATION OF MINORITIES IN BME LUNCHEON** # OF TICKETS _____ @ \$35 EACH \$ _____

10/18 - WOMEN IN BME LUNCHEON** # OF TICKETS _____ @ \$35 EACH \$ _____

** IF YOU ARE PURCHASING A LUNCHEON TICKET AND HAVE DIETARY RESTRICTIONS DUE TO A MEDICAL CONDITION, FOOD ALLERGY OR RELIGIOUS PRACTICE, PLEASE SPECIFY IN THE SPECIAL MEETING NEEDS FIELD ABOVE.

TOTAL PAYMENT DUE (US DOLLARS) \$ _____

PAYMENT METHOD - CHECK VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

CARDHOLDER NAME: _____ EMAIL RECEIPT TO (IF DIFFERENT THAN ABOVE): _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL COMPLETED FORM TO - REGISTRAR@BMES.ORG OR LORI@BMES.ORG (MUST BE RECEIVED WITH PAYMENT IN FULL NO LATER THAN 10/02/2019)

MAIL COMPLETED FORM (IF PAYING BY CHECK, ONLY) TO BMES | 8201 CORPORATE DRIVE, SUITE 1125 | LANDOVER, MD 20785 (MUST BE RECEIVED WITH PAYMENT IN FULL NO LATER THAN 10/02/2019)

CANCELLATION/REFUND POLICY - ALL CANCELLATION REQUESTS MUST BE RECEIVED BY REGISTRAR@BMES.ORG IN WRITING NO LATER THAN SEPTEMBER 4, 2019 IN ORDER TO RECEIVE A REFUND.