Career Fair Registration Form

To participate in the Career Fair, return this completed form to:
Buffy Finn- Member Services Administrator
ASTMH, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA
bfinn@astmh.org -- Fax: +1-847-480-9282

Organization _____

Registration Fee: $500 per organization. This includes one 6 foot table. Payment required by October 15, 2011 in order for ASTMH to assign space. Note: Payments received by September 1 will guarantee your listing in the presented conference program.

Contact Name and Title_____

Affiliation_____

Address _____

_____

City/State/Postal Code/Country _____

Phone _____ Fax _____

E-Mail _____

Dates: Monday, December 5 and/or Tuesday, December 6

Times: 10:15am – Noon and/or 4:00-5:45pm

Select date and time:

- ☐ Monday, December 5: 10:15am – Noon and 4:00 – 5:45pm
- ☐ Tuesday, December 6: 10:15am – Noon and 4:00 - 5:45pm
- ☐ Both Monday and Tuesday

Questions? Contact:
Buffy Finn at bfinn@astmh.org

American Society of Tropical Medicine and Hygiene – Annual Meeting
December 4-8, 2011 – Philadelphia, Pennsylvania USA

Career Fair Registration Form
Payment Form

Display Arrangements

- One 6 foot table per organization will be provided
- Booth displays are discouraged
- Registration and payment must be received by October 15 in order to reserve space.

Payment Information

Space Fee: $500 per organization
Please note that a cancellation on or after November 1 will incur a fee of $100.

Payment method:

____ Credit Card: VISA MasterCard Discover American Express

Account Number _____

Expiration Date _____ Cardholder Name _____

____ Check: *Mail payment to ASTMH, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA*

For Internal Use Only: EX11 Career Fair Request for Space

Contact Information

Contact Name _____

Meeting Name _____

Your Organization _____

Your Address _____

City/State/Postal Code/Country _____

Phone _____ Fax _____

E-Mail _____