

REGISTRATION FORM & FEES

Register on line at www.idac.org or mail/fax this form to the address below.

NAME _____ DEGREE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

Indicate Choice and Quantity *Received by Oct. 24* *After Oct. 24* *On-Site Registration*

IDAC Members

___ Meeting Registration \$40.00 \$60.00 \$80.00

___ Half Year IDAC Membership \$100.00

Non-IDAC Members

___ Meeting Registration \$80.00 \$100.00 \$120.00

Total Payment Enclosed \$ _____

Check Credit Card Number

Visa MasterCard American Express Expiration Date: _____

Registration will include sessions, continental breakfast, buffet lunch, exhibits, attendee packets and resources, and attendance / CME certificate.

SYMPOSIUM CANCELLATION POLICY

Symposium registration fees may be refunded (minus a \$20 service fee), if written notification is received by Oct. 24, 2019.

Hotel Registration Deadline—October 1

Early Registration Deadline—October 24

Register On-line: www.idac.org • Email Form: idac@idac.org
Mail Form: IDAC, PO Box 66751, Los Angeles, CA 90066
FAX Form: 310-216-9274