

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 Apr. 26

After Apr. 26

On-Site Registration

IDAC Members

___ Two-Day Meeting Registration	\$65.00	\$85.00	\$110.00
___ Saturday-Only Registration	50.00	70.00	95.00
___ Sunday-Only Registration	30.00	50.00	75.00
___ Wish to become an IDAC Member	\$125.00		

Non-IDAC Members

___ Two-Day Meeting Registration	\$130.00	\$150.00	\$175.00
___ Saturday-Only Meeting Registration	100.00	120.00	145.00
___ Sunday-Only Meeting Registration	60.00	80.00	105.00

Reception & Banquet

___ Saturday Night Banquet	\$75.00	\$95.00	\$120.00
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Choose an Entree

___ Crispy Chicken Breast with Demi-Glaze Sauce

___ Salmon with Pomegranate Balsamic Glaze

___ Vegetable Pasta

Total Payment Enclosed \$ _____

Check Credit Card Number | | | | | | | | | | | | | | | | | | | | | |

Visa MasterCard American Express Expiration Date: _____

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

Register On-line: www.idac.org • E-mail Form: idac@idac.org

Mail: IDAC, PO Box 66751, Los Angeles, CA 90066

Fax: 310-216-9274