



REGISTRATION FORM



BMES 2004 Annual Fall Meeting October 13-16, 2004

Registration will not be processed without payment information.

Please type or print clearly.

First Name	MI	Last Name	Highest Degree
Company/Organization			
Address			
City	State or Province		Zip or Postal Code
Country	Telephone	Fax	
E-mail Address		Name of Guest (for guest badge) if applicable	

Conference Registration Fees

Fees include 3 lunches, welcome reception and reception at Constitution Center.

	Postmarked by Sept 10	Postmarked after Sept 10	
BMES Member # _____	\$400	\$525	\$ _____
Nonmember	\$500	\$625	\$ _____
Student BMES Member # _____	\$150	\$175	\$ _____
Student Nonmember	\$175	\$200	\$ _____
Student ID # _____ Advisor Initials: _____			
Accompanying Guest	\$100	\$125	\$ _____

Pre-Conference Workshops

- 1. Force Measurements in Biology Members \$150 Nonmembers \$200 \$ _____
- 2. Computational Biology Members \$150 Nonmembers \$200 \$ _____
- 3. VaNTH Education Workshop Members \$100 Nonmembers \$150 \$ _____
- 4. BMES/ABET Accreditation Program
Evaluator Training Workshop Early Fee \$300 Late Fee \$350 \$ _____

Total Payment Enclosed (U.S. Dollars) \$ _____

Payment Method

Check or money order payable in US dollars to the Biomedical Engineering Society or BMES

VISA MasterCard American Express Discover

Card Number _____ First time attendee

Expiration Date _____ Please send BMES membership information

Name as it appears on card _____ Special needs due to disability _____

Mail or Fax completed form with payment to:

BMES 2004 Annual Fall Meeting, Biomedical Engineering Society

8401 Corporate Drive, Suite 225, Landover, MD 20785-2224

Fax: 301-459-2444 or On-line registration at www.bmes.org or www.seas.upenn.edu/be/BMES2004

For Office Use Only

Date Received _____ Amount \$ _____

Cash Check VISA MC AMX Discover PO Invoice

No. _____ Date _____

Authorize _____ Payer _____