



**Appalachian Regional Microscopy Society
Fall Meeting 2011 Registration Form**

(a) Fill out (b) Scan in and save as .pdf (c) email to shpennington@alliedhightech.com

Name: _____

Institution: _____

Address: _____

Telephone: _____ FAX: _____

E-Mail Address: _____

Corporate members please provide Web Site Information

Complete one form per person attending

AREMS 2011 Meeting Registration Type: (Check one)

Student \$5.00 _____

Member \$20.00 _____

Non-Member \$25.00 _____

Exhibitor (includes one individual) \$150.00 _____

AREMS 2011 Membership Dues: (Check one)

Individual Member \$10.00 _____

Corporate Member \$20.00 _____

Student \$5.00 _____

AREMS 2011 Banquet \$25.00 _____

Total Enclosed \$ _____ **(Make check payable to "AREMS")**