



AMERICAN ACADEMY OF FORENSIC SCIENCES



2010 62ND ANNUAL SCIENTIFIC MEETING ON-SITE REGISTRATION FORM

410 N. 21st Street • Colorado Springs, CO 80904 • (719) 636-1100 • FAX (719) 636-5245

COMPLETE THIS FORM AND SUBMIT IT VIA FAX TO THE NUMBER LISTED ABOVE.

PLEASE PRINT ALL INFORMATION - LEGIBLY

1. REGISTRATION INFORMATION

AAFS ID No. _____ February _____, 2010

Name _____ Badge Name Preference _____

Agency _____

Address _____

City _____ State _____ Country _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Email _____

Will Spouse Attend? Yes No Spouse Name: _____

Vocational Status: Professional Student Academic Decision Maker Purchasing Agent Other

Is this your first AAFS meeting? Yes No

2. REGISTRATION FEES

Check Fee Category

1. AAFS Members* \$395.00

2. Applicants* \$395.00
(Completed membership application must be on file with AAFS Office.)

3. Non-Member Trainees* \$395.00
(Must present a letter from employer verifying Trainee status.)

4. IAI Members* \$395.00

5. AFTE Members* \$395.00

6. Non-Members* \$495.00

7. AAFS *Retired* Fellow* \$ - 0 -

8. Full-Time Students \$125.00
(Must be full-time student/If non-AAFS student affiliate, must provide copy of Spring '10 class schedule)

9. Daily Registrants \$150.00/day
 WED THURS FRI SAT

* Receives Reception Beverage Ticket

Subtotal: \$ _____

3. CONTINUING EDUCATION

Only registrants may request continuing education credit.

\$50.00 Administrative Fee

CE forms will be available at the registration desk.

- Academy of General Dentistry
- American Association of Clinical Chemistry
- Accreditation Council for Continuing Medical Education
- Continuing Legal Education
- General Continuing Education

Subtotal: \$ _____

4. NOTES:

Verified student ID/course schedule _____

5. PAYMENT PROCESSING

Cash Check P/O Am/Ex MasterCard Visa

Present card for scanning, OR write account number here:

_____ Exp. Date _____

Signature _____

TOTAL AMOUNT DUE: \$ _____ (Totals from Nos. 2 & 3)