



American Academy of Forensic Sciences • Registration Form
71st Annual Scientific Meeting • February 18-23, 2019 • Baltimore, Maryland

Three Ways to Register:

Register online at www.aafs.org

Scan & email your registration form (three pages) to registration@aafs.org

Mail your form with check, money order, or purchase order to: AAFS, 410 N 21st Street, Colorado Springs, CO 80904

REGISTRANT INFORMATION

Salutation (*Dr/Mr/Ms*): _____ First Name: _____
Last Name: _____ Highest Degree: _____
Mailing Address: _____
City: _____ State/Province: _____ ZIP/Postal Code: _____
Country: _____

Registrant Minimum Age: I acknowledge that all persons attending the meeting associated with this registration will be at least 18 years of age at the time of the meeting in February.

BADGE INFORMATION

Full Badge Name: _____
Badge Agency/School: _____
Badge City: _____ Badge State/Province: _____
Badge Country: _____

“Accompanying spouse” registration is only available to those paying the full meeting registration fee (excludes: Student, Daily, and Workshop Only registrants).

Yes (\$50) Name: _____

♦**This reduced fee is intended for spouses, family members, or other traveling companions who are not members of the forensic science or legal community and may not be used for colleagues, students, or interns.**

ADDITIONAL INFORMATION

Email: _____ Cell Phone: _____
Hotel: _____ First AAFS Meeting? Yes No
Vocational Status: Professional Student Academic Decision Maker Purchasing Agent Other
Attendee Gender: Male Female
Would you like to receive pre-meeting exhibitor mailings? Yes No

Emergency Contact Name: _____

Emergency Contact Phone: _____

CONTINUING EDUCATION CREDIT

\$100 Administrative Fee

Registrants must pick up a CE Credit Request Form at the registration counter and submit by the deadline for credit/certificate.
Please see the *Program* for detailed information, including the types of credit offered.

REGISTRATION FEES

Includes admittance into AAFS sessions starting with the Tuesday evening Welcoming Reception through the Saturday morning Scientific Sessions (excludes all Special Functions). A complimentary beverage ticket is included with all registration categories except Student and Daily.

Category	On-Site Registration
<input type="checkbox"/> AAFS Members, Trainee Affiliates, Applicants*	\$450
<input type="checkbox"/> AAFS Student Affiliates	\$125
<input type="checkbox"/> AAFS Retired Fellows	\$0
<input type="checkbox"/> Non-Members	\$575
<input type="checkbox"/> Non-Member Trainees*	\$475
<input type="checkbox"/> Non-Member Full-Time Students*	\$250
<input type="checkbox"/> AFTE Members* <input type="checkbox"/> IAAI Members* <input type="checkbox"/> IAI Members*	\$450
<input type="checkbox"/> Daily: <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$250/DAY

*Must provide/submit additional documentation.

♦ **Applicants** – Completed AAFS application on file by the application deadline.

♦ **AFTE, IAI, and IAAI Members** – Proof of current membership.

♦ **Non-Member Students** – Must submit an official Verification of Enrollment confirming enrollment during February 2019. Not available to those in postgraduate internships, residencies, or fellowships.

♦ **Non-Member Trainees** – Letter from employer verifying trainee status.

Registrant Minimum Age: Registrants for the AAFS Annual Meeting must be at least 18 years old at the time of the meeting.

PAYMENT PROCESSING

Registrant Name: _____
 Accompanying Spouse Fee (*From Page 1*): \$ _____
 Continuing Education Fee (*Above*): \$ _____
 Registration Fee (*Above*): \$ _____
 Special Functions Total (*From Page 2*): \$ _____
TOTAL AMOUNT DUE: \$ _____

All payments to AAFS must be in US Funds drawn on a US bank.

Attendee will automatically receive a registration confirmation via email.

Email a receipt copy to: _____

Check Enclosed Purchase Order (Attach Copy)
 (Please circle one) Visa/MasterCard/Discover/American Express
 Card No: _____
 Name on Card: _____
 Expiration Date (MM/YYYY): _____
 Security Code: _____ Billing ZIP Code: _____

Signature: _____

Signature Required for Credit Card Purchases

Cardholder authorizes this payment and agrees to comply with the obligations set forth in the Cardholder Agreement with the card issuer

Refund Policy: All requests for refunds must be submitted via mail or email to hjefferson@aafs.org. Phone and faxed requests are not accepted. Canceled registration fees will be refunded accordingly: Dec 1-31 at 75%; Jan 1-31 at 60%; Feb 1-8 at 50%; no refunds after February 8.

AAFS FEIN: 87-0287045