



**2019 Eastern Regional Conference
Registration Form
Utica, NY
November 2, 2019**

First name		Middle name	Last name	
Suffix (Jr., III)		Institution/ Company Name		
Address				
City		State/Province	ZIP/Postal Code	Country
Phone		E-mail		
Menu Option <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other _____				
Are you a member? Why not give the HAPS-L discussion group a try – just check the box!				Sign me up! <input type="checkbox"/>
HAPS sends communications about the society via email. You must opt-in to receive communications about the society, including announcements from the President, election notices, conference dates, etc. If you do not opt-in, you will receive no communications from the society. <input type="checkbox"/> Yes, I want to receive email communication from HAPS				
Can we include you on the attendee list? Note: this list is provided to participating exhibitors, as well as attendees. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Registration Fees: Early Bird			Registration Fees: Late Fees (Starting October 12, 2019)	
HAPS Contingent Faculty <input type="checkbox"/> \$75.00			HAPS Contingent Faculty <input type="checkbox"/> \$85.00	
HAPS Member <input type="checkbox"/> \$95.00			HAPS Member Registration <input type="checkbox"/> \$105.00	
Non-Member – Contingent Faculty <input type="checkbox"/> \$95.00			Non-Member – Contingent Faculty <input type="checkbox"/> \$105.00	
Non-Member <input type="checkbox"/> \$115.00			Non-Member Registration <input type="checkbox"/> \$125.00	
Undergraduate Student <input type="checkbox"/> \$35.00			Undergraduate Student <input type="checkbox"/> \$40.00	
Graduate Student <input type="checkbox"/> \$45.00			Graduate Student <input type="checkbox"/> \$50.00	
Post-Doc <input type="checkbox"/> \$50.00			Post-Doc <input type="checkbox"/> \$55.00	

FAX forms to 706-883-8215 or postal mail to:
 Mail checks to:
 HAPS
 251 S. L. White Blvd
 P.O. Box 2945
 LaGrange, GA 30241

Credit Card Type: Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		Amount charged to card \$
Card Number		
Expiration Date		Security Code
Name		
Address (please include card zip code)		

For questions, contact HAPS Main Office at info@hapsconnect.org or 1-800-448-4277. Thank you for your payment!

Conference Photo Consent

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