

# MINNESOTA GERONTOLOGICAL SOCIETY 2010 CONFERENCE

## Registration

*Read registration policies on the previous page of the brochure before completing form.  
Register on line at [www.mngero.org](http://www.mngero.org) or complete registration form below.  
Registration form must be accompanied by payment.*

Name \_\_\_\_\_

Degrees \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

*Please check appropriate boxes.*

### Special Needs:

- Dietary (check one)    Vegetarian    Diabetic    Other (specify) \_\_\_\_\_  
 ADA accommodations (specify) \_\_\_\_\_

### Concurrent Tracks (Select one)

- Innovations with Special Populations    Innovative Partnerships  
 Innovations in Housing/Healthcare    Evidence Based Practice Innovations

### Early Registration (by March 26th)

- \$35 – Students/Seniors    \$75 – Members    \$155 – Non-Members

### Late Registration (March 27th - April 30th )

- \$45 – Students/Seniors    \$105 – Members    \$185 – Non-Members

### I am enclosing the membership fee with this registration so I qualify for the member rate

- \$25 – Students    \$35 – Seniors    \$55 – Regular

### Registration and Payment:

Retain a copy of this registration form and payment for your files.

Mail the original copy of this registration form and payment to:

MGS Conference, PO Box 24562, Mpls, MN 55424-0562

Or register and pay online at [www.mngero.org](http://www.mngero.org)

**Questions? Call: 952-829-5937 x 3 or e-mail: [mgs@mngero.org](mailto:mgs@mngero.org)**

**Note:**  I do not want my name on the participants' list distributed at the conference

Where did you hear about this conference? \_\_\_\_\_

**Total Amount due: \$** \_\_\_\_\_

Check enclosed - Check No. - \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

(Billing address and information:) \_\_\_\_\_

Please bill my:  Visa    Master Card   Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_