



CISTM16, Washington DC, United States of America

5 -9 June 2019

Host Region Student and Resident Registration Form

To register for the CISTM16 at this special rate for local Students and Residents, you must include a copy of your student ID (with photo) with this completed application. Please note you will also need to present the same ID when you arrive at the meeting. Please send completed form and student ID to the ISTM Secretariat Fax: +1.404.373.8283. If you are unable to fax your application, you can email your student ID (with photo) to ISTM@ISTM.org and then call +1.404.373.8282 to pay by phone. For security purposes, we cannot accept credit card information via email.

NOTE: The deadline to submit in advance of CISTM is 1 May 2019, you may also register and pay onsite by bringing this completed form and your student photo ID to the onsite registration desk.

First/Given Name: * _____

Last/Family Name: * _____

University/Medical School: * _____

Address 1: * _____

Address 2: _____

City: * _____

State/Province: * _____ Zip/Postal Code: * _____ USA

Email: * _____

*Required information

Special rates for students and residents in these states:

Registration Type:

Student Rate: 60 USD

Resident Rate 120 USD

Washington DC	New York
Maryland	Pennsylvania
New Jersey	Virginia

PAYMENT INFORMATION

VISA MasterCard Discover American Express

Card Number: _____

Exp. Date: _____ CVC: _____

Name on Card: _____

Signature: _____

Total Approved to Charge _____