



11th

International Medical Geography Symposium

Fort Worth, TX July 5-9, 2005

REGISTRATION FORM

<http://www.aag.org/imgs.htm>

Please return this application to Conference Registration, AAG, 1710 16th St NW, Washington DC 20009-3198, or fax to 202-234-2744.

CONTACT INFORMATION

Name _____

FIRST

LAST

MI

Affiliation _____

Address _____

CITY

STATE

ZIP

COUNTRY

Voice _____ Fax _____

E-mail _____

REGISTRATION

Before 5/2/05

After 5/2/05

Participant or Attendee

\$150.00

\$200.00

Student

\$125.00

\$150.00

PAYMENT

Check Enclosed (Please make checks payable to AAG)

Please charge \$ to my VISA/MC (Sorry, no AmEx or Discover)

Card # _____

Expiration Date _____/_____

Signature _____