

AMERICAN COLLEGE OF NUTRITION

REGISTRATION FEES*

| | Before 5/20/05 | Between 5/21- 9/17/05 | On Site |
|--|----------------|-----------------------|---------|
| ACN Member | \$300 | \$325 | \$350 |
| Non-Member | 400 | 425 | 450 |
| ACN Student Member | 125 | 150 | 175 |
| Student Non-Member | 150 | 200 | 250 |
| Guest/Spouse (will not attend sessions but will attend meal functions) | 100 | 125 | 150 |

The American College of Nutrition offers to all registrants who are SC, NC and GA residents and *not presently members* of the ACN a 50% reduction from the on-site registration fee for each day attending the meeting (\$75 per day). Meal functions are not included in the reduced fee.

* Includes: Opening wine and cheese reception, (September 22nd), two continental breakfasts, one lunch (September 23rd), refreshment breaks, and the President's Reception/Dinner (September 24th). Cancellation prior to 8/1: full refund; from 8/1-9/17: \$50 deducted; AFTER 9/17: NO REFUND.

REGISTRATION/INFORMATION REQUEST FORM

(Please print or type)

Name _____ Guest/Spouse _____

Degree _____ Position _____

Institution _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-Mail: _____

INDICATE BY # THE ACN COUNCIL MEETING YOU WOULD LIKE TO ATTEND; # _____

- | | |
|--|---|
| 1. Endocrinology/Bone/Minerals | 5. Obesity/Eating Disorders/Preventive Medicine |
| 2. Cardiovascular/Hypertension/Geriatrics | 6. Pediatrics/Obstetrics/Gynecology |
| 3. Gastroenterology/Enteral/Parenteral Nutrition/Surgery | 7. Dietary Supplements/Nutraceuticals and Functional Foods/Vitamins |
| 4. Immunology/Oncology/Hematology | 8. Magnesium and Health Disease |

PAYMENT FOR: REGISTRATION FEE ABSTRACT FEE

Please charge to: Visa MasterCard Discover

Card # _____ Exp. Date _____

Signature _____ Enclosed \$ _____
(US bank checks only)

SEND FORM AND FEES TO: American College of Nutrition, 300 South Duncan Avenue, Suite 225 Clearwater, FL 33755 - Tel. (727) 446-6086; Fax: (727) 446-6202 - E-mail: office@amcollnutr.org

PLEASE CHECK THE FOLLOWING INFORMATION AND APPLICATION FORMS YOU WANT SENT:

ACN Membership

ACN Journal

Review Course

Certifying Examination