

REGISTRATION FORM

Online <https://iapathologists.org/annual-dinner/>

Email mdekker@iowamedical.org

Fax (515) 223-0590

Mail Michelle Dekker, IAP,
515 E Locust Street, Suite 400,
Des Moines, IA 50309



**For registration assistance, contact Autumn McGill
(amcgill@iowamedical.org) at (515) 421-4773.**

REGISTRATION DEADLINE MONDAY, OCTOBER 28, 2019

NAME _____

NICKNAME (TO APPEAR ON BADGE) _____

TITLE _____

TELEPHONE NUMBER _____

CLINIC/ORGANIZATION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Dinner Fees

- IAP Member/Non-Member= \$100
- Resident = \$25

Payment Method

- Check Enclosed (Payment to Iowa Association of Pathologists)

Credit Card Type

- VISA MasterCard Discover

Cardholder Name Same as above

Cardholder Address Same as above

Credit Card Number _____

CV Number _____ Expiration Date _____

Dietary Preferences:

- Gluten Free
- Vegan
- Vegetarian
- Other _____

ADA Policy

If you require auxiliary aids or services identified with the Americans with Disabilities Act in order to attend this meeting, please contact Autumn McGill (515) 421-4773.