

**Society For Advancement of Management
2018 Conference Registration Form**

Instructions:

Registration Fees are Non-Refundable

2018 Conference fees include conference registration and one-year new or extended current SAM membership. New memberships will be effective with the date of conference payment. For current members, their memberships will be extended one year from the renewal date.

Fields marked with an * are required.

Name:

First* _____
Last* _____
Middle _____

Position/Title* _____
Company/University* _____

Mailing Address:

Street Address* _____
Apt, Suite, Bldg. _____
City* _____
State/Province/Region* _____
Postal/Zip Code* _____
Country _____

Phone:

Preferred Phone Number* _____
Alternate Phone Number _____

Email:

Preferred Email* _____
Secondary Email _____

Registration* (USD)

- _____ Students (\$249)
- _____ Non-students (\$479)
- _____ Spouse / Guest / All Events (\$249)
- _____ Extra Ticket for Spouse / Guest - Reception (\$40)
- _____ Extra Ticket for Spouse / Guest - Luncheon (\$50)
- _____ Extra Ticket for Spouse / Guest - Banquet (\$75)

Total Amount (USD): \$ _____

Dietary Restrictions: (List attendee name and type of restriction)

Credit Card Information: (**all information is required**)

Credit Card Type: Visa _____ or MasterCard _____ or Discover _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Name of Card Holder (Name on card):

Name _____

Address (associated with credit card):

Street Address _____

Apt, Suite, Bldg. _____

City _____

State/Province/Region _____

Postal/Zip Code _____

Country _____

Signature of Card Holder: _____

If paying by check or money order, please make payable to **Society for Advancement of Management** and attach to this form.

Mail this form to the following address:

Society for Advancement of Management
University of Illinois Springfield
One University Plaza, UHB 4000
Springfield, Illinois 62703-5407