

MEETING REGISTRATION FORM

Student Registration

American College of Physicians Michigan Chapter
Michigan Internal Medicine 2009
Grand Traverse Resort, Acme, MI
September 25-27, 2009

Name (First)	(MI)	(Last)
Address		
City/State/ZIP		
Name of Medical School	Year	1 2 3 4 (please circle)
Telephone	Fax	
E-mail		
Are you an ACP Student Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Scientific Meeting registration includes a daily continental breakfast and one ticket each for the Friday and Saturday Luncheons. Please indicate below if you will be attending the luncheons:

Friday luncheon Yes No Vegetarian
Saturday luncheon Yes No Vegetarian

Registration Fee for Students is WAIVED

ACP Michigan Chapter
ACP Michigan Chapter
Attn: Marty Muth
A631B East Fee Hall
Michigan State University
East Lansing, MI 48824
517-353-9548
Fax: 517-353-9604

We encourage participation by all individuals. Check if you are disabled and require assistance. Attach a written description of needs and submit to the Michigan Chapter office 30 days prior to the start of the meeting. We'll be glad to help.