Student Table Clinic and Research Poster Session
Registration Fee Payment Form

Presentation Title: ____

____

Presenter/s Name: 1)____

2)____

3)____

4)____

Program Name:____

Registration Fee

$40 - if all presenters are registered for Annual Session
$100 - if one or more presenters are not registered for Annual Session

All Presenters Registered for Annual Session? Y_______ N_______

☐ I am enclosing a check payable to ADHA for the amount of _______

☐ Please charge my registration fee to my credit card for the amount of _______

☐ Visa ☐ Mastercard Expiration Date_________

Name as it appears on card____

Signature____

Send Registration Fee to:
ADHA
Student Relations
444 N. Michigan Avenue
Suite 3400
Chicago, IL 60033
FAX:312/467-1806