

**Registration Form**  
for the Annual Meeting of the  
North Central Chapter  
Infectious Diseases Society of America (NCCIDSA)  
April 23 - 24, 2010

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Attending Dinner: Yes \_\_\_\_\_ No \_\_\_\_\_

Vegetarian Meal Yes \_\_\_\_\_ No \_\_\_\_\_

**Fee: Registration and Dues: \$125.00 Before March 26, 2010**  
**\$150.00 After March 26, 2010**

\*Please mail this form and your remittance (**payable to NCCIDSA**) to:

Susie Seashore  
Executive Secretary, NCCIDSA  
P.O. Box 846  
Wayzata, MN 55391

Phone: 612-247-7040

**Tax ID: 20-0464587**

E-mail: [seashore@citlink.net](mailto:seashore@citlink.net)

Web Sites: <http://www.opitsourcebook.com/ncentral/ncentral.html>

[http://www.idsociety.org/Links\\_States.htm](http://www.idsociety.org/Links_States.htm)