



127th AOAC Annual Meeting & Exposition  
**Student Participation Day**  
Chicago, Illinois, August 26, 2013

## REGISTRATION FORM

*(Please print clearly)*

### STEP 1: Registrant Information

AOAC ID Number (if applicable): \_\_\_\_\_

Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

First/Given Name: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

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

City/State/Province: \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

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

### STEP 2: College/University Information:

Name of college or university  
you are attending: \_\_\_\_\_

Est. Graduation date/year: \_\_\_\_\_ Your course of  
study/major: \_\_\_\_\_

School Advisor's Name: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Advisor's Tel: \_\_\_\_\_

### STEP 3: Fee *(Includes 1-Day admission + Student Membership)*

**\$ 40.00**

### STEP 4: Payment Information

☐ Cash

☐ Check No. \_\_\_\_\_ *(Make checks payable to AOAC INTERNATIONAL.)*

☐ Visa ☐ MasterCard ☐ American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CSC#: \_\_\_\_\_

\*security code on back of card