



SOCIETY FOR HEALTH SYSTEMS

Atlanta Area Networking Session Registration

October 11, 2013 | 11:30-1:30

**Maggiano's Little Italy
4400 Ashford Dunwoody Road, Atlanta, GA**

Information (please print clearly):

You can update your member record online at www.societyforhealthsystems.org/myshs

Mr. Mrs. Ms.

Name: _____
 First Middle Last

Address

Work Home

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone (_____) _____ Cell (optional): (_____) _____

E-mail (required) _____

Registration fees

- SHS Member: \$20
- Non-Member: \$35
- Student SHS Member: \$15
- Student Non-Member: \$30

- Late registration (After October 8, 2013), add \$15 to the rates above

Payment (pre-payment required):

Check (payable to IIE) Payment of \$ _____ is enclosed. Check # _____

Credit Card: I authorize IIE to charge my credit card: MasterCard Visa AmEx

Credit Card # _____ Expiration date: _____

Name as it appears on card (print) _____

Authorized signature: _____ Date _____

Return this application to: IIE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092 U.S.A. | Fax to (770) 441-3295 | cs@iienet.org

STUDENT SELF-VERIFICATION FORM

This section must be completed in order to process your registration.

- I am currently enrolled as a full-time student as defined by my college or university.
- I understand that a fundamental principle of engineering ethics is honesty and that providing false information regarding my student status my result in the revocation of my IIE membership.

University / college attending _____

Expected date of graduation: _____

Course of study / expected degree: _____

Signature: _____

Date signed: _____

For questions, please contact IIE Member and Customer Service at (800) 494-4060 or (770) 449-0460. E-mail: cs@iienet.org