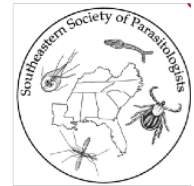


SOUTHEASTERN SOCIETY OF PARASITOLOGISTS
2017 ANNUAL MEETING REGISTRATION FORM



Name _____ Email _____

Address _____

Institution _____

I wish to join or renew my membership to the SSP _____ (Y/N)

Membership Fee (Members \$10 / Student Members \$5) \$ _____

\$ _____

Late Registration Fee – After March 15, 2017
(\$85 for members / \$65 for student members/ \$60 for guest) \$ _____

Late registration will be available at the meeting site.

Total (Paid on line or by mail) \$ _____

Please indicate if you are vegetarian _____ (Y/N)

Please indicate if you are allergic to seafood _____ (Y/N)

Registrations completed after the March 15th pre-registration deadline will not be reimbursed if the registrant is unable to attend the meeting.

Send completed registration form and check or money order for the total amount payable to Southeastern Society of Parasitologists to:

SSP Registration
c/o Dr. Renee' Carleton
PO Box 225
Taylorsville, GA 30178