



Florida Infectious Diseases Society

**Advance Symposium Registration  
&  
Membership Form**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Institution or Agency

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ This is home \_\_\_ This is office \_\_\_

Office Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Annual Dues:** \_\_\_\_\_ \$75                      Check Number \_\_\_\_\_

New Members: please include your CV and signature of sponsoring member:

\_\_\_\_\_

**Early Registration Conference Rate:** \_\_\_\_\_ **\$100**    Check Number: \_\_\_\_\_  
(Before April 1, 2009; \$125 as of April 1, 2009)

**Total Amount enclosed:** \_\_\_\_\_

**\*\* For hotel reservations, call 1-866-996-6338 before May 11, 2009 and identify yourself as being with the Florida Infectious Diseases Society. Give the reservationist the booking ID number of 13546. The special rate for a standard room is \$189.00 plus tax.**

**\*\*FELLOWS:** Dues and Conference Registration fee are waived, but must submit this form & include signature of program director:

\_\_\_\_\_ Program Director Signature

**Please mail to:** Elaine Haley, Admin. Sec., FIDS  
3209 Tealwood Terrace  
Deltona, FL 32725