

54th Annual IMSS Conference
“Region VIII IMSS Round-Up! How the Best Was Done!”
2017 Intermountain States Seminar – September 28 - 30, 2017
 Snow King Sports and Events Center, Jackson, Wyoming

Institutional Registration: (Deadline for pre-registration is September 23, 2017. Late or on-site registration is an additional \$25.00.)
 (PHOTOCOPY, COMPLETE THIS FORM, AND MAIL WITH CHECK TO ADDRESS BELOW)

Institution: _____
 Street Address, City, State, Zip Code: _____
 Contact Person: _____ Phone: _____ Email: _____

The Institutional Pass is good for 4 one-day passes and includes general sessions, breakouts, Lunch ‘n Learn, meals, and social events scheduled for that day (except for the Banquet). An institutional pass is \$550.00. Up to 4 people may share one pass in any combination.

The Friday night banquet is an additional \$30.00 per person.

Non-shaded areas below require specific information. Please print each participant’s name and write the Session numbers in the boxes corresponding to the sessions being attended by each. Also indicate participation in Banquet.

	Thursday, September 28				Friday, September 29					Saturday, September 30	
	8:15 – 9:45 General Session A	10:00 – 11:00 General Session B	11:00 - 1:00 Lunch with Exhibitors	Thursday Breakouts Choose 1 Each Session. (1:00 – 2:00 pm)	8:00 – 9:00 General Session C	9:00 – 11:00 Brunch with Exhibitors	11:00 – 12:00 General Session D	12:00 N-1:30 pm Lunch ‘n Learn Genetic Testing, POCT Issues, Zoonotic Agent/Rabies (circle one of 3)	Friday Breakouts Choose 1 Each Session.	Banquet 6:00 pm – 9:00 pm (Separate Payment Required)	Saturday Breakouts Choose 1 Each Session.
Participants				1 2 (2:15 – 3:15 pm)				8 9 10 (1:30 – 3:00 pm)			14 15 (8:30 – 10:00 am)
				3 4 (3:30 – 4:30 pm)				11 12 13 (3:15 – 4:45 pm)			16 17 (10:15 – 11:45 am)
1				5 6 7							
2											
3											
4											

Thursday, Friday Breakfast/ Lunches and Banquet: Please list # of persons and type of dietary restrictions here:

Number of institutional passes _____ x \$550.00 = \$ _____
 Friday night banquet _____ x \$ 30.00 = \$ _____
Total = \$ _____

Make check payable to **IMSS**. Mail payment and completed registration form to:
 Brenden Collins c/o Amy Steinmetz
 427 16th St West
 Billings, MT 59102
 Collinsb85@gmail.com

All details available at the Meeting website: <http://asclsregion8.org/IMSS/>