## 58th Annual IMSS Conference

## "Region VIII IMSS: 2021 I'm All In"

## 2021 Intermountain States Seminar - October 3-5, 2021

Snow King Resort, Jackson, Wyoming

<b>Institutional Registration</b> : (De	adline for pre-registration is September	er 29, 2021. Late or on-site registra	ation is an additional \$25.00.)
	(PHOTOCOPY, COMPLETE THIS FORM,	AND MAIL WITH CHECK TO ADDRESS BEL	OW)
Institution:			
Street Address, City, State, Zip	Code:		
Contact Person:	Phone:	Email:	
The Institutional Pass is good for 4	one-day passes and includes general sess	ions, breakouts, Scientific Assembly l	Roundtables, meals, and social
	ay (except for the Friday night Social). A	an institutional pass is \$550.00. Up to	4 people may share one pass in
any combination.			
The Friday night social is an additi	onal \$25.00 per person.		
Non-shaded areas below require s	specific information. Please print each pa	rticipant's name and write the Session	numbers in the boxes
corresponding to the sessions being	g attended by each. Also indicate particip	ation in Friday Social.	

		Su	ınday, C	October 18	Monday, October 19						Tuesday, October 20						
		Sunday Breakouts  Choose 1 Each Session.		1, Keynote Address	11:00 General Session 2	Lunch with Exhibitors	14:00 General Session 3	Monday Breakouts  Choose 1  Each Session.	& Silent Auc 7:00 pm	9:00 General Session 4	General Session General Session	1:00 Lunch with Exhibitors	-8:30 pm Social Payment Required)	Tuesday Breakouts  Choose 1 Each Session.			
Participants		1 2 3		-9:15 GS1	1	- 1:00	1	(2:15 – 3:45 pm) 7 8 9 (4:00 – 5:00 pm)	lor Reception 5:00 pm –	8:00 - 0:00	5 – 10:45	1	5:30 – 8 (Separate Pa	(1:30 – 3:00 pm) 13 14 15 (3:15 – 4:45 pm)		15	
		4	5	6	8:15	9:30	11:00	13:00	10 11 12	Vendor	8:(	9:15	11:30	S)	16	17	18
1																	
2																	
3																	
4																	

Please list # of persons and type of dietary restrictions here for Sunday Lunch, Monday Brunch and Social: x \$550.00 =\$ Number of institutional passes x \$ 25.00 = \$Monday night social Total = \$

Make check payable to ASCLS Region VIII (IMSS). Mail payment and completed registration form to: Barbara Harvey PO Box 448; Driggs, ID 83422 Bah60@outlook.com