



73RD ANNUAL SOUTHWEST REGIONAL MEETING

October 29 – November 1, 2017 • Lubbock, Texas

<https://swrm2017.org/>



K-12 Education College/University Industry Government Other

Name: _____ Company/University: _____

Street Address: _____ City, State, Zip: _____

Local Section: _____ ACS Division(s): _____ Phone: _____ Fax: _____ Email: _____

REGISTRATION FEES	ADVANCED By 9/15	LATE/ON-SITE After 9/15
<input type="checkbox"/> 01. ACS Member <input type="checkbox"/> NOBCChE <input type="checkbox"/> SACNAS <input type="checkbox"/> AISES	\$150	\$200
<input type="checkbox"/> 02. Non- ACS member	\$175	\$225
<input type="checkbox"/> 03. Undergraduate Student (ACS Member)	\$25	\$40
<input type="checkbox"/> 04. Undergraduate Student (Non-member)	\$40	\$55
<input type="checkbox"/> 05. Graduate Student (ACS Member)	\$35	\$50
<input type="checkbox"/> 06. Graduate Student (Non-member)	\$70	\$85
<input type="checkbox"/> 07. Post-Doctoral Fellow (ACS Member)	\$80	\$100
<input type="checkbox"/> 08. Post-Doctoral Fellow (Non-member)	\$100	\$120
<input type="checkbox"/> 09. K-12 Teacher (ACS Member)	\$20	\$40
<input type="checkbox"/> 10. K-12 Teacher (Non-member)	\$30	\$50
<input type="checkbox"/> 11. High School Student	\$10	\$10
<input type="checkbox"/> 12. 50 Year ACS Member	\$0	\$0
<input type="checkbox"/> 13. Retired/Emeritus/Unemployed	\$0	\$0
<input type="checkbox"/> 14. Spouse/Guest*	\$25	\$50

- Deadline for advance registration prices is September 15.
- Registration must be accompanied by payment in order to be processed.
- Request for refunds must be submitted in writing prior to September 15 in order to receive a refund minus the \$25 administrative fee. Submit requests to k_savage@acs.org.
- For accessibility and dietary requests, please contact Kimberly Savage via email at k_savage@acs.org. General questions can be directed to ACS Regional Meetings at 1 800-333-9511.

* Spouse, relative or person who would not typically attend an ACS meeting/event.

Guest of: _____

MAIL OR FAX COMPLETED FORM TO:
ACS – Office of Regional Meetings
PO BOX 3337
Columbus, OH 43210 | Fax: (614) 447-3671

SPECIAL EVENTS

<input type="checkbox"/> Undergraduate Lunch	Sunday, October 29	12:00 PM – 1:30 PM	\$5.00
<input type="checkbox"/> Graduate Student Fair & Undergraduate Poster Session	Sunday, October 29	2:00 PM – 6:00 PM	Complimentary
<input type="checkbox"/> Undergraduate Mixer	Sunday, October 29	5:00 PM – 7:00 PM	Complimentary
<input type="checkbox"/> ACS Career Workshop: Career Pathways	Monday, October 30	8:00 AM – 12:00 PM	\$20.00
<input type="checkbox"/> Senior Chemists Luncheon	Monday, October 30	12:00 PM – 1:00 PM	\$25.00
<input type="checkbox"/> ACS Resume Reviews	Monday, October 30	1:30 PM – 5:00 PM	Complimentary (Individuals must sign up for time slot at registration desk onsite)
<input type="checkbox"/> Dinner Reception, Transportation & Tour of the Buddy Holly Center	Monday, October 30	5:30 PM – 8:30 PM	\$20.00
<input type="checkbox"/> Women in Chemistry Luncheon	Tuesday, October 31	12:00 PM – 2:00 PM	\$25.00
<input type="checkbox"/> ACS Governance Ice Cream Social	Tuesday, October 31	12:00 PM – 1:30 PM	Complimentary
<input type="checkbox"/> Awards Dinner with Past ACS President William Carroll as Banquet Speaker <input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	Tuesday, October 31	7:00 PM – 9:00 PM	\$55.00

WORKSHOPS

<input type="checkbox"/> Research without Rules	Sunday, October 29	8:00AM – 5:30 PM	\$325.00 (Lunch Included)
<input type="checkbox"/> Educational Electrochemistry: EChem in a Box Workshop	Sunday, October 29	2:00 PM – 5:00 PM	\$15.00 (Snacks Included)
<input type="checkbox"/> Effective Chemical Safety Management	Monday, October 30	8:00AM – 5:30 PM	\$325.00 (Lunch Included)
<input type="checkbox"/> ACS Leadership Course: Leading without Authority	Tuesday, October 31	8:30 AM – 12:30 PM	\$50.00 (Members) \$300.00 (Non-Members)

TOTAL FEES: Registration \$ _____

Special Events and Workshops \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Method of Payment: American Express Master Card Visa Discover Check

Cardholder Name (please print): _____

Signature: _____

EXP DATE _____