

# REGISTRATION FORM

## IMOS 2017 FALL CONFERENCE

### THREE WAYS TO REGISTER:

1. Online at: [imos-illinois.com](http://imos-illinois.com)
2. Fax to: 301.770.1949
3. Mail to: IMOS 2017 Fall Conference  
1801 Research Boulevard,  
Suite 400  
Rockville, MD 20850

First Registrant: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Second Registrant: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution/Affiliation \_\_\_\_\_

Degree(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

POSITION:  Physician  Administrator  Nurse  Other  Pharmacist  Office Manager  Fellow

MEMBERSHIP STATUS:  Member  Non-Member

### SPECIAL SERVICES:

- Vegetarian
- Gluten Free
- ADA: \_\_\_\_\_
- Other: \_\_\_\_\_

Friday, September 22, 2017  
Hyatt Regency Schaumburg  
Schaumburg, IL