

PAYMENT FOR MEMBERSHIP OR REGISTRATION

PAYPAL can be used to pay MEMBERSHIP dues and
REGISTRATION fees using the link below:

<http://www.nycasm.org>



OR

PAYMENT BY CHECKS: Make payable to "NYC ASM" & send to
the address below.

MEMBERSHIP FEE: \$25

Contact Dr. Esther Babady for Membership Questions & Applications
by email [babady@mskcc.org](mailto:babadyn@mskcc.org)

REGISTRATION FEE

Advanced Registration (before May 1st): NYC ASM Members: **\$50**

Non-Members: \$100

On-Site Registration (space permitting): Members: **\$60**

Non-Members: \$100

REGISTRATION APPLICATION

NAME: _____

HOME ADDRESS: _____

AFFILIATION: _____

Email ADDRESS: _____

Member of National ASM? YES _____ NO _____

Member of NYC ASM? YES _____ NO _____

Highest Academic Degree _____

COMPLETE THIS FORM & SEND TO:

Dr. Wendy Szymczak
Montefiore Medical Center
Clinical Microbiology Laboratory
8th Floor Foreman, Silver Zone, Room 22
111 E. 210th Street
Bronx, NY 10467