



**Group Registration Form**

Name:	
Company/Institution:	
Address 1:	
Address 2:	
City:	
State:	
ZIP Code:	
Country:	
Tel:	
*E-mail:	

\*E-mail address will be used to send confirmation and login information.

Adult Infectious Diseases Training Program or Other Group

**Number of seats** \_\_\_\_\_ **x \$250.00/seat = \$** \_\_\_\_\_

Pediatric Infectious Diseases Training Program\*

**Number of seats** \_\_\_\_\_ **x \$125.00/seat = \$** \_\_\_\_\_

*\* Pediatric ID training programs receive discounted registration because the course is designed for fellows in adult ID training programs and does not focus on children.*

Check is included

Pay by Credit Card:

Please Charge My (circle one): Mastercard, Visa, American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail or Fax this form to:

IDSA/SHEA Infection Control Fellows Course

1300 Wilson Blvd

Suite 300

Arlington, VA 22209

Fax: (703) 299-0204

IDSA/SHEA Infection Control Fellows Course  
 1300 Wilson Blvd, Suite 300, Arlington, VA 22209  
 Tel: (703) 299-0200 ♦ Fax: (703) 299-0204  
 E-mail: [iccourse@idsociety.org](mailto:iccourse@idsociety.org)