



Individual 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
\$250.00/seat

Pediatric Infectious Diseases Training Program*
\$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, Discover
 Name on Credit Card: _____
 Credit Card Number: _____
 Expiration: _____
 Security Code: _____
 Signature: _____

Mail or Fax this form to:

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