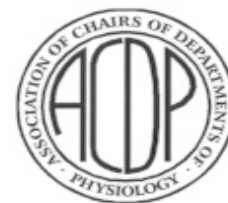


ASSOCIATION OF CHAIRS OF DEPARTMENTS OF PHYSIOLOGY
2011 ANNUAL MEETING
 Playacar Palace Hotel, Playa del Carmen, Mexico
 December 1 - 4, 2011



Your Name: _____ / _____
 Last Name (as appears on passport) First Name (first name as you want it for name tag)

Guest's name: _____ / _____
 Last Name (as appears on passport) First Name (first name as you want it for name tag)

Institution: _____

Department/Program: _____

Street Address: _____

City: _____ **State:** _____ **Country (if not US):** _____

Postal Code: _____ **Phone:** _____

Email: _____

___ I (and/or my guest) have a disability that requires special arrangements (please specify):

___ I (and/or my guest) have food preferences (i.e., vegetarian, restricted diet) (please specify):

Registration Fees:

Early Registration (Before Oct. 1)

ACDP Member \$250
 Non-member \$500
 Guest \$125

Total Registration Fees Enclosed: _____

Late Registration (Due Nov. 10)

ACDP Member \$300
 Non-member \$600
 Guest \$175

Total Registration Fees Enclosed: _____

Membership Fee for 2011: \$250

(if not paid already; contact Melinda Lowy mlowy@the-aps.org for questions)

Lodging Fees (all inclusive), Standard room with 1 king bed or 2 double beds:

Arrival Date: _____ Departure Date: _____

Single Room	\$319/night	Children 4yrs-17yrs \$54 per child per night when sharing same room with parent
Double Room	\$356/night	
Triple Room	\$497/night	Children under 4yrs are free
Quad Room	\$641/night	Maximum Occupancy 4 persons

Number of Nights: _____ Number of Adults: _____ Number and Ages of Children _____

Total Lodging Fees Enclosed: _____

TOTAL SUM OF ALL FEES ENCLOSED (Due at time of registration): _____

(cont'd)

Method of Payment:

_____ Check (Payable to Classic Travel)

_____ MC/VISA/Am. Express (circle one)

Card Number: _____ Exp. Date: _____ Security Code: _____

Name on card (if different than Chair) _____

Billing Address if different from page 1:

If using more than one credit card please use this space below for the additional credit card information. Please state how you wish the payments to be split.

Card Number: _____ Exp. Date: _____ Security Code: _____

Name on card (if different than Chair) _____

Billing Address (if different) _____

Classic Travel has arranged an airport/hotel transfer subsidy of \$50 per room. Transfers will need to be booked 30 days prior to arrival in order to take advantage of this special offer. Please contact Classic Travel.

We highly recommend Trip Insurance. The cost is based on the age of traveler and trip cost per person. Please request a quote if interested. Dates of birth will need to be provided if purchasing trip insurance.

Please let us know if you need our assistance to secure flights. Passenger names on airline tickets must match passports exactly. Dates of birth and gender will need to be provided.

**More trip details and hotel information can be found on our website:
www.classictravelusa.com. Click on the tab "Go With A Group", then select "ACDP 2011".**

Please return this form with your registration and lodging fee to:

Jean Southwick, ACDP Travel Consultant
Classic Travel
4767 Okemos Rd
Okemos MI 48864

Email: jean@classictravelusa.com, or joy@classictravelusa.com

Phone: 1-800-643-3449 or 1-517-349-6200 • Fax: 517-349-6656