



Industry Council Registration

Company Name:			
Contact 1 Name:		Title:	
Mailing Address:			
City:	State:	Zip:	
Phone Number:		Fax:	
Email:		Cell:	
Contact 2 Name:		Title:	
Mailing Address:			
City:	State:	Zip:	
Phone Number:		Fax:	
Email:		Cell:	
Dues:	<input type="checkbox"/> \$10,000 (Founder)	<input type="checkbox"/> \$2,500 (Benefactor)	<input type="checkbox"/> \$1,000 (Supporter)
Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Check # _____
Payable To:	Advanced Initiatives in Medical Simulation (AIMS) Attn: Erin Will Morton 1500 K Street, NW, Suite 1100 Washington, DC 20005		
FEIN Number	20-3955374		
Cardholder's Name:			
Cardholder's Signature:		Verification Code: <i>3 or 4-digit code on card</i>	
Card Number:		Expiration Date:	
Billing Address: (Required)			
City:	State:	Zip:	
Phone Number:		Fax:	