

PAYMENT FORM

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Please complete a separate form for each conference participant.

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PAYMENT SUMMARY			
2007 Industry Council Membership		\$2,500	Other \$ _____
2007 Conference Sponsor		\$1,000	\$1,500
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AIMS Conference Registration, May 8, 2007		\$249 By 4/14/07	\$299 After 4/14/07
Total Order: \$ _____			

Seating at the conference is limited; please fax your form to 202.230.5303 ASAP

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Advanced Initiatives in Medical Simulation

1301 K Street NW, East Tower, 9th Floor, Washington DC 20005-3317

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