



48th Annual ICAAC®/IDSA 46th Annual Meeting

Washington, DC ~ October 25-28, 2008

A Joint Meeting of ASM and IDSA

REGISTRATION & HOUSING FORM INSTRUCTIONS

Deadlines

March 25–April 5: ASM/IDSA Members Only Period

April 6–July 31: Discounted Registration Open to All

August 1–September 15: Full Registration

You may register in one of four ways:

Internet

Complete the interactive form at www.icaacidsa2008.org
(payment by credit card only)

Fax

Complete the form on page 3 and fax to ICAAC/IDSA Registration at:
(800) 521-6017 within the U.S. or
(847) 940-2386 outside the U.S.
(payment by credit card only)

Phone

Call Monday through Friday, 8:00 a.m. – 5:00 p.m. CST
(800) 974-3621 within the U.S. or
(847) 940-2107 outside the U.S.
(payment by credit card only)

Mail

Complete the form on page 3 and mail to:
Joint Meeting c/o Experient
108 Wilmot Road, Suite 400
Deerfield, IL 60015-5124
(payment by credit card or check, in USD drawn on a
U.S. bank, made payable to ASM. ASM does NOT accept
purchase orders or wire transfers.)

1. Name and Address Information

Please make sure to provide your full name and address on this Form as the successful receipt of materials is dependent on the accuracy of this information. An ASM or IDSA membership number must be included for registrants to be eligible for member rates. Confirmations will be e-mailed if an address is provided. Please be sure to turn off your SPAM filter. If you do not receive your confirmation within 48 hours, contact Experient.

2. Demographic Information

For scientific category, please choose from the list (Joint Meeting Category Description by Letter) on the following page, and insert the corresponding letter in the appropriate space on the registration form.

3. Hotel Reservations

Hotel reservations are available only to registered attendees. Hotels will NOT accept direct reservations for rooms. To reserve a room, complete all of section three on the Registration and Housing Form — make sure to list your roommates, if any, and indicate if cost, location, or a particular hotel chain is most important. All reservations require a \$250 USD deposit per room.

As hotel rooms are assigned on a first-come, first-served basis, it is to your advantage to register promptly. However, please note that if your requested hotels are no longer available, we will make every effort to honor your indicated preference for cost, location or other consideration.

4. Registration Fees

Select your registration category, and any optional fees such as additional copies of the *Final Program* and/or *Abstracts* book or Workshop registration. Please make sure to circle the fees that apply.

Criteria for Student Rate

Any undergraduate or predoctoral student requesting the student rate must provide either a legible photocopy of a current university ID or a letter on university letterhead from the department chair, indicating your status and anticipated graduation date.

Criteria for Postdoctoral Fellows, Members-In-Training, and Residents

To be eligible for the reduced fee, you must be employed by an institution as a postdoctoral fellow who is within two years of graduation or a medical resident who is within six years of receipt of the M.D. degree. (Exceptions can be made for postdoctoral fellows who continue in an AAM/CPEP program. Proof of status is by letter from the head of the program on official university letterhead.)

Criteria for Member Rates

ASM or IDSA membership numbers must be included in section one (1) of the registration form for registrants to be eligible for member rates. Membership numbers are verified by Experient. Experient will charge the higher non-member rate without notification if a member number is not included or cannot be verified. For ASM membership information, please contact the Membership Department at (202) 942-9319 or visit the membership section of the ASM web site at www.asm.org. For IDSA membership information, please contact Member Department at (703) 299-0200 or visit the membership section of the IDSA web site at www.idsociety.org.

5. Total and Payment Type

Payment must accompany your registration form either by check, made payable to ASM/IDSA in USD, or with a credit card number. ASM/IDSA accepts MasterCard, Visa, American Express and Discover. If you choose to mail your registration form, you may also pay by check or money order in USD drawn on a U.S. bank, made payable to ASM/IDSA. Your request will NOT be processed without payment.

6. Cancellation Policy

ICAAC/IDSA Registration

March 25 – July 31: Refund minus \$25 processing fee

August 1 – September 15: 50% of registration fee

After September 15: No refunds will be processed

Cancellations must be in writing and received by e-mail or fax at Experient. You may keep any meeting material you receive before or after you submit your cancellation letter.

Workshop Registration

March 25 – September 15: Refund minus \$50 processing fee

After September 15: No refunds will be processed

Optional Fees

Fees for additional *Final Program* and *Abstracts* books, and guest badges are non-refundable.

Hotel

March 25 – October 10: Contact Experient for a full refund of hotel deposit.

October 17 – 72 hrs. prior to arrival: Contact hotel for full refund of hotel deposit.

Failure to cancel your reservation with the hotel 72 hours prior to arrival will result in forfeiture of the \$250 USD room deposit.

Joint Meeting Category Description by Letter

Refer to this list to answer question 1 under Demographic Information on the Registration and Housing Form.

Joint Meeting Categories

- A. Antimicrobial Pharmacokinetics, Pharmacodynamics and General Pharmacology
- B. Therapy in Animal Models, Pathogenesis of Infectious Diseases, Molecular Basis for Pathogenicity, and Host Defenses
- C. Antibacterials: Mechanisms of Action, Resistance and Surveys
- D. Laboratory Tests for Diagnosing Infections; Methods for Antibacterial Susceptibility Testing
- F. New Antimicrobial Agents and New Research Technologies
- G. Adult and Pediatric Vaccine Studies and Pediatric Infections
- H. HIV/AIDS and Other Retroviruses, Including Resistance
- K. Hospital-Acquired and Surgical Infections, Clinical Epidemiology, and Health Outcomes
- L. Clinical Trials of Therapy of Bacterial Infections and Adult Community-Acquired Infections, including OB-GYN, STI
- M. Mycology, Including Resistance and Mechanisms of Action of Antifungals
- P. Parasitology and Travel Medicine
- V. Virology (Non-HIV) Including Resistance, and Non-HIV Viral Opportunistic Infections in HIV-Infected Patients

REGISTRATION & HOUSING FORM

Please type or print with black ink all information requested on this form.

1. Name and Address Information

ASM/IDSA MEMBER NUMBER _____

FIRST NAME/GIVEN NAME _____ MI _____ LAST NAME/FAMILY NAME _____

DAYTIME TELEPHONE _____ FAX _____

E-MAIL _____

NAME OF INSTITUTION/HOSPITAL/OFFICE/COMPANY _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

Please check your address type: HOME or OFFICE address
 Remove me from the: Joint Meeting email list Attendee list available to Exhibitors
 Are you an Abstract Submitter? Yes No

2. Demographic Information

Please complete the following information as you would like it to appear on the Meeting Badge.

Full Name _____

Company Name _____

City, State _____

Education Level (please circle)

Associate	DPH	MD	RN
Bachelors	DSci	MPH	ScD
DDS	DVM	PharmD	PhD
DO	Masters	other	_____

I. What category reflects your main reason for attending the Joint Meeting? (Please refer to the list on the prior page)

II. Please select your specialty based on completion of an approved training program:

- Adult ID
- Internal Medicine
- Pediatric ID
- Family Practice
- Obstetrician/Gynecology
- Other _____

III. Please indicate your primary and secondary job-related activities. Write 1 (primary) and 2 (secondary) on the line next to the description:

- | | |
|--|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Research | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Diagnosis and Testing | <input type="checkbox"/> Clinical Research |
| <input type="checkbox"/> Product Development/Quality Control | <input type="checkbox"/> Basic Research |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Hospital Epidemiology |
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Clinical Epidemiology |
| <input type="checkbox"/> Sales and Marketing | <input type="checkbox"/> Other _____ |

IV. Please select your type of Employer: (Please check one option.)

- Hospital Diagnostic Laboratory
- Hospital or Clinic
- Private Diagnostic Laboratory
- Private/Group Practice
- Reference Laboratory
- Junior or Community College
- Undergraduate College or University
- Graduate College or University
- Professional School (Medical, Dental, Veterinary)
- Non-Profit Research
- Pharmaceuticals/Chemicals/Biotechnology Industry
- Medical/Diagnostics
- Agriculture/Veterinary
- Biotechnology
- Food Products
- Federal
- State
- Local
- Military
- Other _____

V. How did you hear about the Joint Meeting? (Please check one option.)

- Previous Attendee
- Post Card
- Colleague
- Preliminary Program
- E-mail
- Other _____

VI. Is this the first time you have attended an ICAAC or IDSA meeting?

- Yes No

Member Only Period Deadline: April 25, 2008
 Discounted Preregistration Deadline: July 31, 2008
 Final Preregistration Deadline: September 15, 2008

Register by

Internet: www.icaacidsa2008.org
 Fax: (800) 521-6017
 or outside the U.S.: (847) 940-2386
 Phone: (800) 974-3621
 or outside the U.S.: (847) 940-2107
 Mail: Joint Meeting, c/o Experient
 108 Wilmot Road, Suite 400
 Deerfield, IL 60015-5124

3. Hotel Reservation

1st choice _____

2nd choice _____

3rd choice _____

Accommodation Requested:

- Single (1 person, 1 bed)
- Double (2 persons, 1 bed)
- Double/Double (2 persons, 2 beds)

Special Requests:

- Smoking room Accessible room required

Hotel rooms are limited. If your choices are sold out:

- Do Not Assign Room
- Assign Room at Any Available Hotel

Person(s) sharing my room:

Date of Arrival: _____

Date of Departure: _____

Hotel choice based primarily on:

- Rate Location Particular Hotel Chain

Other, please specify _____

Continued on next page...

4. Registration and Optional Fees

Discounted Preregistration — before August 1, 2008

- ASM/IDSA Member \$450
- Non-ASM/IDSA Member \$550
- ASM/IDSA Member Postdoctoral Fellow or Member-In-Training \$250
- Non-ASM/IDSA Member Postdoctoral Fellow or Non-Member-In-Training . . \$350
- ASM/IDSA Student Member \$125
- Non-ASM/IDSA Member Student \$150

Full Preregistration — August 1 – September 15, 2008

- ASM/IDSA Member \$525
- Non-ASM/IDSA Member \$625
- ASM/IDSA Member Postdoctoral Fellow or Member-In-Training \$300
- Non-ASM/IDSA Member Postdoctoral Fellow or Non-Member-In-Training . . \$400
- ASM/IDSA Student Member \$150
- Non-ASM/IDSA Member Student \$175

Guest* Registration Fee: \$100

(A person wearing a non-scientific badge is not permitted into scientific sessions.)

Final Program and Abstracts Book

Copies of the *Final Program* and the *Abstracts* will be distributed on-site at the Walter E. Washington Convention Center, as part of your registration. If you would like a copy of either publication before the meeting, please circle the appropriate fee:

	<i>Final Program</i>	<i>Abstracts</i>	<i>Both Books</i>
U.S.	\$35	\$70	\$75
Canadian	\$60	\$80	\$90
International	\$90	\$100	\$110

Shipping is included in the above fees.

5. Total Fees (USD) and Payment Type

- Hotel Deposit (\$250 per room) \$_____
- Registration Fee \$_____
- Books and Guest fees \$_____
- Workshop: Code 48-__ \$_____
- Grand Total Remitted \$_____

Method of Payment

All payments will be processed in USD. ASM does not accept purchase orders or wire transfers.

- Check or Money Order enclosed (in USD drawn on a US bank, made payable to ASM)
- MasterCard VISA American Express Discover

Your credit card will be charged immediately for the Grand Total.

CREDIT CARD NUMBER

EXPIRATION DATE

PRINT NAME AS APPEARS ON CREDIT CARD

SIGNATURE

BILLING ADDRESS LINE 1

BILLING ADDRESS LINE 2