



Dept. of Medical Illustration  
Medical Illustration Graduate Program

## 70th Anniversary Celebration & O.A. Parkes Symposium

October 22-24, 2021  
Augusta, GA

### Registration Form

The registration fee is **\$100 per person**. Registration includes all continuing education activities and presentations, social events, and symposium meals. It does not include hotel or transportation.

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
Preferred for Name Tag: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Wk. Email: \_\_\_\_\_  
Hm. Email: \_\_\_\_\_  
Alt. Email: \_\_\_\_\_  
Wk. Phone: \_\_\_\_\_  
Hm. Phone: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_  
Website: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
LinkedIn: \_\_\_\_\_  
Instagram: \_\_\_\_\_  
Twitter: \_\_\_\_\_

**Spouse/Guest First Name:** \_\_\_\_\_  
**Spouse/Guest Last Name:** \_\_\_\_\_  
Spouse/Guest's Name Tag: \_\_\_\_\_

**Your Dietary Preferences:**

- Kosher/Halal
- Vegan
- Vegetarian

Your food allergies:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Spouse/Guest's Dietary Preferences:**

- Kosher/Halal
- Vegan
- Vegetarian

Spouse's food allergies:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Special Request: \_\_\_\_\_

**Payment Info—**

Total registration fees: \$ \_\_\_\_\_  
Optional donation to Stenstrom Scholarship: \$ \_\_\_\_\_  
Optional donation to Mascaro Gallery Fund: \$ \_\_\_\_\_  
Optional donation to Parkes Fund: \$ \_\_\_\_\_  
  
I have enclosed a check in the amount of: \$ \_\_\_\_\_  
Check # \_\_\_\_\_

Charge my credit card in the amount of: \$ \_\_\_\_\_  
MasterCard    Visa    Am. Express    Discover  
Credit Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVC/Security #: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_