



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 # _____

Email to: medart@augusta.edu
Mail to: Dept. of Medical Illustration
1120 15th St., CJ-1101
Augusta, GA 30912-0300

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: _____