

## STUDENT CHAPTER TABLE RESERVATION

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*Complete this section as you would like your chapter's information printed in the BMES Program Book and listed on identification sign:*

University/Chapter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

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Student Chapter Tables will be assigned on a first come, first served basis.  
Space will include a table and identification sign.

Displays are NOT exhibit booths and may only be used to  
showcase Chapter activities and materials.  
*University information may not be displayed at Chapter tables.*

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**Mail completed form to:**  
**Biomedical Engineering Society**  
**8201 Corporate Drive, Suite 1125**  
**Landover, MD 20785**

**or FAX completed form to: 301-459-2444**

**For BMES Use Only**

Date Received: \_\_\_\_\_ Space Assigned: \_\_\_\_\_