



## JANUARY 16-21, 2021

HYATT REGENCY CLEARWATER BEACH RESORT AND SPA • CLEARWATER BEACH, FL

Dr.  Mr.  Mrs.  Ms.  Academe  Industry  Government  Student  Other

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Guest Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Early Registration: August 10, 2021 - October 9, 2021 | Standard Registration: October 10, 2021 - December 10, 2021**

Registration Categories	Early Registration	Standard Registration
<b>ACS Fluorine Division Member</b>		
<input type="checkbox"/> ACS/Fluorine Member (Includes all events below)	\$450	\$550 (\$600 after December 7)
<input type="checkbox"/> Student Member/Post-Doctoral (Within 5 years of Ph.D.)	\$250	\$300 (\$325 after December 7)
<b>Non-members of ACS Fluorine Division</b>		
<input type="checkbox"/> Academic Industry	\$600	\$600
<input type="checkbox"/> Student Non-Member/Post-Doctoral (Includes all events below)	\$325	\$325
<b>Other Registration Categories</b>		
<input type="checkbox"/> Exhibitor (Registration not included)	\$500	\$500
<input type="checkbox"/> Accompanying Persons (All tickets included)	\$200	\$200
<input type="checkbox"/> Daily Registration Rate (Event tickets not included)		
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$125/day	\$125/day
<input type="checkbox"/> Friday		
<input type="checkbox"/> Sunday Welcome Reception	\$50	\$50
<input type="checkbox"/> Wednesday Breakfast, Expo, and Poster Session	\$50	\$50
<input type="checkbox"/> Awards Reception/Banquet	\$150	\$150

**Cancellation Policy:** Cancellations will be accepted until December 2, 2021 for a full refund, less an administrative fee of \$50.00. Cancellations received after December 2, 2021 will not be honored. Cancellations requests should be faxed to (614) 447-3671.

**Method of Payment:**  MasterCard  Visa  American Express  Discover  Check

Credit Card #:

Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Fluorine Division Membership**  I would like to become a member of the ACS Fluorine Division.

Regular Member - \$10  Division/Society Affiliate - \$17  Student - \$10

For accessibility and dietary requests, please email [winterfluorine@acs.org](mailto:winterfluorine@acs.org).

General questions can be directed to ACS Specialty Conferences at 1-800-333-9511.

**MAIL COMPLETED FORM TO ACS SPECIALTY CONFERENCES - P.O. Box 3337 – Columbus, OH 43210**