

Meeting Registration
Spring Meeting April 21st 2018
Boston Childrens Hospital- Waltham
Waltham Location
9 Hope avenue Waltham MA 02453

NAME: _____
ADDRESS: _____
EMPLOYER: _____
SCHOOL _____ Graduation Date _____
E-MAIL: _____
TELEPHONE/CELL # _____

I will be attending the Spring meeting hosted by Boston Childrens hospital in Waltham Massachusetts. I have enclosed a check for the appropriate amount made payable to NESOT. Please do not send cash.

Mail to: **NESOT**
C/O Kenneth Penn
22 Cranwell Drive
Manchester NH 03109

MEETING PRE-REGISTRATION FEE:

_____ PAID MEMBER FOR 2018 \$45.00
_____ NON-MEMBER \$75.00
_____ I WOULD LIKE TO PAY DUES AND MEETING \$70.00
_____ STUDENT FEE \$25.00
_____ STUDENT MEETING AND DUES \$35.00

Registration at the door will be: \$50.00 for members; \$95.00 for non-members; \$30.00 for students

****Hotel accommodations have been made at Courtyard Marriot in Waltham for \$120.00 per night.** Please do so by March 22nd to avoid any escalated charges!!**

Courtyard Marriot
387 Winter Street

Waltham Mass 02451
866) 296-2285