

2017 SSSS Symposium
Advancing Methodologies in Sexual Science
 Saturday - June 24, 2017

University of Guelph
 Rozanski Hall
 98 Trent Lane
 Guelph, ON, Canada

Five easy ways to register:

Mail: SSSS, 881 3rd St - B-5
 Whitehall, PA 18052
 Phone: (610) 443-3100
 Fax: (610) 443-3105
 Email: thesociety@sexscience.org
 Online: www.SexScience.org

Name (please print above)	Name for Badge
Full Mailing Address (<input type="checkbox"/> Home <input type="checkbox"/> Office)	City/State/Province/Zip/Country
Primary Phone # (include country code for international)	Contact number while attending the conference
E-Mail Address (required)	Additional Email Address to send receipt (if applicable)

SSSS Membership Would you like to join SSSS?

If you're attending the 2017 SSSS Symposium at the University of Guelph, and would like to become a SSSS Member (prior to registration), please call or email the SSSS Office for a discounted rate. Visit www.sexscience.org for SSSS Membership Categories and Rates.

Symposium Registration Rates

*Registration Closes on June 18, 2017- Registrations received by June 18th will be confirmed by email. If we do not receive your registration by June 18th, you will need to register onsite, and pay the onsite registration rate (please see below).

Category Rate	Early Rate (Prior to May 15)	Regular Rate (May 15 to June 18)	Onsite Rate* (June 19-24)
SSSS Member - Professional	\$100	\$125	\$150
SSSS Member - Retired	\$80	\$105	\$130
SSSS Member - Student	\$60	\$85	\$110
Non SSSS Member - Professional	\$135	\$160	\$185
Non SSSS Member - Retired	\$95	\$120	\$145
Non SSSS Member - Student	\$75	\$99	\$125

Refund Policy – All cancellations must be made in writing/email. If your letter/email is received by:

May 10, 2017	100% refund
June 12, 2017	\$50.00 admin fee
June 13	0% refund

All refunds are sent to the person by check, and will not be put on a credit card.

Billing Policy: A \$50.00 charge will be applied to all returned checks.

Payment Details

Total Amount Due \$ _____

Check # _____

Credit Card Visa MasterCard Discover Amex

Account # _____ Name on Card _____

Exp. Date _____ CVV # _____ Signature _____

I will attend the Continental Breakfast (included w/ registration) Yes No

I will attend the Networking Lunch at Bullring (included w/ registration) Yes No

I will require onsite assistance to attend the Symposium: Yes No (If yes, contact the SSSS Office to discuss further.)

I'm a First Time Attendee (SSSS Event) Yes No

Remove me from the Attendee List Yes No

I'm interested in SSSS Leadership/Volunteer Opportunities Yes No

Special Diet: Vegan Vegetarian Gluten Free Lactose Intolerant Other: _____