

**PRECISION VACCINES PROGRAM
2018-2019 ANNUAL MEMBERSHIP APPLICATION**

COMPLETE FOR **U.S.** MEMBERS ONLY
(If not applicable, please see non-U.S. membership form)

APPLICANT INFORMATION

Last Name:	First Name:
Phone number:	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
Institution:	
Title:	
Email address:	

MEMBERSHIP TIERS (VALID FOR 1 YEAR FROM APPROVAL DATE)

	BASIC*	PREMIUM**
Post-Doc/Trainee	<input type="checkbox"/> Free	<input type="checkbox"/> \$50 USD
Academic/Government/Non-trainee	<input type="checkbox"/> Free	<input type="checkbox"/> \$100 USD
Industry	<input type="checkbox"/> Free	<input type="checkbox"/> \$150 USD

CHECK INFORMATION

Please make checks out to Boston Children's Hospital in US Dollars (USD)

Please mail checks to:	ATTN: Diana Vo Boston Children's Hospital 300 Longwood Ave, BCH 3453 Boston, MA 02115
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BCH FUNDS

Project ID/Fund	Bud. Ref.
BCH employees may not use federal funds to cover the cost of membership	
Fund Approver signature (above)	Date:
Fund Approver Name:	BCH ID #:

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
Signature of PVP personnel approving application:	Date:

Submit membership form to PrecisionVaccinesProgram@childrens.harvard.edu

*Basic- FREE, quarterly newsletter

****Premium - FEE, quarterly newsletter, 50% discount on future conference registration fee, access to *Precision Vaccines Conference videos/slides***

Projected 2019 Conference Registration Fees (subject to change)

	Nonmember	Basic Member	Premium Member
Post-doc/trainee	\$200 USD	\$175 USD	\$100 USD
Non-trainee/academic/government	\$350 USD	\$300 USD	\$175 USD
Industry	\$750 USD	\$450 USD	\$250 USD



Boston Children's Hospital
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