



**Society of Michigan Neonatologists
Annual Conference
“Care of the Extremely
Premature Infant”**

**November 21-22, 2024
The Henry Center
Michigan State University
3535 Forest Rd, Lansing, MI**

Registration Form

First Name: _____ **Last Name:** _____

Affiliation: _____ **Degree:** _____

Phone: _____ **E-Mail Address:** _____

SOMN annual membership fee: \$125

Registration fees (Please check one)

SOMN member or NNP/other Healthcare Professionals:

Early (before November 20): \$275

At the door: \$300

Non-member physician

Early (before November 20): \$400

At the door: \$425

Fellows/Residents/Trainees Free

Attendance (please check all that apply):

Pre-conference (November 21): _____

Dinner and address (November 21): _____

Conference (November 22): _____

***Fee includes Thursday and Friday sessions**

New membership and conference registration can be done at our web site (www.michneo.org) or if you prefer to mail a check, made payable to The Society of Michigan Neonatologists, please forward to **Becky at the address below. A confirmation will be sent to your email address. For additional information or problems, contact **Becky Rypma at 616-391-1370****

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