

Registration Form

Personal information:

Name: _____

Organization: _____

Address: _____

Work phone: _(____)_____

e-mail: _____

Registration information:

Did you pay your 2009 NCB-ASM dues when you paid your ASM dues? Yes No

Are you a vegetarian? Yes No

If you or an accompanying person require special accommodations to fully participate, please describe your needs:

Are you willing to serve as an oral presentation judge? Yes No

Registration Fees (check one):

Pre-registration: full member with dues - \$60 _____

full member w/o dues - \$50 _____

student member with dues - \$30 _____

student member w/o dues - \$25 _____

Full registration: full member with dues - \$70 _____

full member w/o dues - \$60 _____

student member with dues - \$35 _____

student member w/o dues - \$30 _____

Island Girl Dinner Cruise Fees: \$35/person (\$0 if you are a student oral presenter)

Number of people attending: _____ Total Cruise Fees: \$ _____

Total Fees Due: \$ _____

Mail this completed form and your payment to :

Marc Rott, NCB-ASM Treasurer

3030 Cowley Hall

Department of Microbiology

University of Wisconsin – La Crosse

725 State Street

La Crosse, WI 54601