

Registration Form

34th Meeting Of the American Society for Photobiology

Print or type name clearly as you wish it to appear on your name badge. Only one form per meeting attendee. A spouse/guest may be included on the same form. Pre-registration must be postmarked before May 16, 2008, or will be considered on-site.

FIRST NAME: _____ LAST NAME: _____

AFFILIATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

COUNTRY: _____ PHONE: _____ FAX: _____ E-MAIL: _____

SPOUSE/GUEST NAME: _____
(includes receptions and banquet)

BANQUET CRUISE (included in registration) WILL YOU ATTEND? YES: NO: NUMBER ATTENDING: _____
(additional tickets may be purchased in advance only—no on-site tickets will be available)

ATTENDING WITH: ASP Member RRS Member PPS Group ESP Member ISPR Member

| <u>2008 MEETING RATES</u> | <u>EARLY</u> (Until 05/09/08) | <u>ADVANCE</u> (5/10/08—06/01/08) | <u>ON-SITE</u> | <u>SUB-TOTAL</u> |
|--|-----------------------------------|--------------------------------------|-----------------------------------|------------------|
| FULL Member | \$480.00 <input type="checkbox"/> | \$505.00 <input type="checkbox"/> | \$530.00 <input type="checkbox"/> | \$ _____ |
| NON-MEMBER | \$580.00 <input type="checkbox"/> | \$605.00 <input type="checkbox"/> | \$630.00 <input type="checkbox"/> | \$ _____ |
| ASSOCIATE MEMBERS (STUDENTS) | \$255.00 <input type="checkbox"/> | \$255.00 <input type="checkbox"/> | \$255.00 <input type="checkbox"/> | \$ _____ |
| GUEST (includes receptions and banquet only) | \$210.00 <input type="checkbox"/> | \$210.00 <input type="checkbox"/> | \$210.00 <input type="checkbox"/> | \$ _____ |
| EMR/PAST PRESIDENT | \$410.00 <input type="checkbox"/> | \$425.00 <input type="checkbox"/> | \$450.00 <input type="checkbox"/> | \$ _____ |
| BANQUET CRUISE (additional tickets only— 1 banquet ticket included w/ registration) | \$150.00 <input type="checkbox"/> | \$150.00 <input type="checkbox"/> | N/A | \$ _____ |
| | | | TOTAL | \$ _____ |

PAYMENT (Do not send cash)

Please make check payable to: **ASP**. All fees must be paid in U.S. funds and drawn on U.S. banks.

MAIL OR FAX PAYMENTS TO:

Mountain Destinations
243 Pegasus Dr, Ste 2
Bozeman, MT 59718
Fax: 406-587-2451
Email: info@mountaindestinations.com

Cancellation Policy: Written notice of cancellation received on or before May 16, 2008, will be refunded, minus a \$75.00 processing fee and \$40.00 for Spouse/Guest (to be processed after the meeting). No refunds will be issued for cancellation after May 16, 2008.

Check Enclosed : Visa MasterCard American Express

Card Number: _____ Exp.Date: ____/____

Print Name as it appears on card: _____

Signature: _____

