



SOCIETY FOR DEVELOPMENTAL BIOLOGY

65th ANNUAL MEETING

University of Michigan, Ann Arbor, MI

June 17 – 21, 2006

MEETING REGISTRATION FORM

(Deadline for receipt of early discounted registration is May 1, 2006)

PLEASE TYPE OR PRINT

Dr./Mr./Ms./ Family Name _____ First Name _____

Institution _____ Department _____

Mailing Address _____

Telephone _____ FAX _____ E-mail _____

REGISTRATION FEE (Includes: meeting material, 3 lunches (6/18-20), 3 dinners (6/17-6/19), AM and PM breaks, opening reception, poster session refreshments and awards banquet)

	<i>Early</i> <u>By 5/1/06</u>	<i>Standard</i> <u>After 5/1/06</u>
Member (full and postdoc)	\$ 380	\$ 480
Student Member	\$ 280	\$ 340
Non-member	\$ 480	\$ 580
Student Non-member	\$ 300	\$ 360
Banquet ticket for accompanying person	\$ 40	\$ 40
TOTAL FEES	_____	_____

(Non-member fee includes membership from July 1 to Dec 31, 2006)

On site registration at the standard rate will be available for those who do not register by May 31, 2006.

Student Certification

I certify that the above named student is currently enrolled in this Department's undergraduate____ OR graduate____ program (check one).

Name and phone of Dept Chair or Advisor

Signature of Dept Chair or Advisor

PAYMENT INFORMATION:

NO CASH will be accepted as a form of payment. All payments **MUST** be in US dollars. You may enclose a personal or institutional check drawn on a US bank, or Money Order, payable to Society for Developmental Biology. You may also make a credit card payment through **MASTER CARD, VISA, AMERICAN EXPRESS, or DISCOVER**. No other cards will be accepted. Purchase orders will not be accepted.

Form of payment (check one): Check _____ Money Order _____ Amount of Payment in US\$ _____

Check # _____ Name on the check _____

Credit Card Payment: VISA _____ MC _____ AMEX _____ Card # _____

Cardholder's Name _____ Signature _____ Exp. Date _____

MAILING INSTRUCTIONS

Mail completed form and check for the total amount to: **Society for Developmental Biology, 65th Annual Meeting Registration, 9650 Rockville Pike, Bethesda, MD 20814-3998, USA**. Advance registration confirmation and receipt will be mailed within 4 weeks of receipt. We will not be able to verify advance registration receipts by phone.

Badge and meeting materials will be distributed at the Meeting Registration Desk, upon presentation of registration confirmation card.

FACSIMILE TRANSMISSION

Credit card payment registrations may be transmitted to: (301) 634-7825.

CANCELLATION

Cancellation and refund request must be made in writing BEFORE June 1, 2006, by FAX: (301) 634-7825, or email: sdb@faseb.org with "Meeting Cancellation" as Subject title. A processing fee of \$30.00 will be charged.

DO NOT USE THIS FORM IF YOU HAVE SUBMITTED AN ELECTRONIC MEETING REGISTRATION. You may be charged twice.