

**Abstract Submission Deadline: October 7, 2011**

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**OCEAN**  
**SCIENCES**  
**MEETING**



**February 20–24, 2012**

**Salt Palace Convention Center**  
**Salt Lake City, Utah, USA**

Visit [www.sgmeet.com/osm2012](http://www.sgmeet.com/osm2012)  
or contact [osm2012@sgmeet.com](mailto:osm2012@sgmeet.com) for more information.



THE OCEANOGRAPHY SOCIETY



American Geophysical Union

**MEETING FORMS**

# 2012 Ocean Sciences Meeting Registration Form

If you are unable to register electronically on the web at <http://www.sgmeet.com/osm2012>, please mail completed registration form and payment to: 2012 Ocean Sciences Meeting, 5400 Bosque Blvd, Suite 680, Waco, Texas 76710-4446, USA. Registrations complete with purchase order or credit card information that are not accompanying an abstract submission can be faxed to: 254-776-3767.

Please make checks payable in U.S. dollars and drawn on a U.S. bank to: OSM. Please print or type.

LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME FOR BADGE		
INSTITUTE OR ORGANIZATION		
DEPARTMENT OR FIRST ADDRESS LINE		
SECOND ADDRESS LINE		
CITY	STATE/PROVINCE	ZIP
COUNTRY		
E-MAIL	PHONE	FAX

### Membership Status:

Select all that apply. I am a member of:  TOS  AGU  ASLO

### Participation:

- |  |  |
|--|--|
| <input type="checkbox"/> I need a Letter of Invitation to apply for a visa to enter the United States. | <input type="checkbox"/> I am willing to be listed as a resource for the media.        |
| <input type="checkbox"/> I am a post-doc student or professional willing to serve as a poster judge.   | <input type="checkbox"/> I am a graduate student and willing to mentor undergraduates. |
| <input type="checkbox"/> I am an undergraduate student and would like to be mentored.                  | <input type="checkbox"/> I am a student and interested in being a "volunteer."         |

### Fees (in U.S. dollars and per person):

<input type="checkbox"/> Society Members.....	<input type="checkbox"/> On or before 19 Jan 2012: \$390	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$490	<input type="checkbox"/> On-site: \$550	_____
<input type="checkbox"/> Non-Members .....	<input type="checkbox"/> On or before 19 Jan 2012: \$490	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$590	<input type="checkbox"/> On-site: \$650	_____
<input type="checkbox"/> Emeritus/Retiree.....	<input type="checkbox"/> On or before 19 Jan 2012: \$195	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$295	<input type="checkbox"/> On-site: \$350	_____
<input type="checkbox"/> Early Career.....	<input type="checkbox"/> On or before 19 Jan 2012: \$300	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$400	<input type="checkbox"/> On-site: \$450	_____
<input type="checkbox"/> Member Students.....	<input type="checkbox"/> On or before 19 Jan 2012: \$290	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$390	<input type="checkbox"/> On-site: \$450	_____
<input type="checkbox"/> Non-Member Students.....	<input type="checkbox"/> On or before 19 Jan 2012: \$350	<input type="checkbox"/> between 20 Jan–18 Feb 2012: \$450	<input type="checkbox"/> On-site: \$500	_____
<input type="checkbox"/> Guest/Social (Spouses/guests are not admitted to the sessions.).....				\$150.00 _____
Spouse/Guest Name: _____				
<input type="checkbox"/> One-Day Registrations (One day only please: <input type="checkbox"/> Mon 20 Feb <input type="checkbox"/> Tue, 21 Feb <input type="checkbox"/> Wed 22 Feb <input type="checkbox"/> Thu, 23 Feb <input type="checkbox"/> Fri, 24 Feb).....	_____			
<input type="checkbox"/> Member: \$300 <input type="checkbox"/> Non-member: \$400 <input type="checkbox"/> Emeritus-Retiree: \$100 <input type="checkbox"/> Early Career: \$200 <input type="checkbox"/> Member Student: \$200 <input type="checkbox"/> Non-member Student: \$280 <input type="checkbox"/> H.S. Student, H.S. Teacher or Non-developed Country: \$100				
<input type="checkbox"/> Non-developed Country .....	\$200.00 _____			
<input type="checkbox"/> High School Student or High School Teacher .....	\$150.00 _____			
<input type="checkbox"/> Abstract Fee (Required for registrations accompanied by an abstract submittal.)				
<input type="checkbox"/> Professional.....				\$60.00 _____
<input type="checkbox"/> Student.....				\$30.00 _____
<b>Total in U.S. Dollars</b>				_____

### Payment:

- Amount Enclosed
- Bill My Organization. (You must submit a purchase order.)
- Credit Card Payment
- Visa     MasterCard     American Express

NAME ON CARD

CARD NUMBER

EXP. DATE

SIGNATURE

### Confirmation:

A confirmation will be sent to your e-mail address unless specified.  
 I prefer that my registration confirmation by:  Fax  Mail

### Special Needs:

If you have a disability or limitation that may require special consideration in order to fully participate, contact the meeting's planning organization to see how we can accommodate your needs. Call 254-399-9635 or contact via e-mail at [osm2012@sgmeet.com](mailto:osm2012@sgmeet.com)

### Room Sharing:

- I am interested in sharing a hotel room to defray costs.

## 2012 Ocean Sciences Meeting Abstract Submission Form

The abstract submission deadline is 7 October 2011. (All Internet and mailed submissions must be received by this date. Mailed submissions should be sent in advance so that they are received, not postmarked, by this date.)

To submit your abstract electronically, please point your forms-capable web browser to <http://www.sgmeet.com/osm2012/>. Stated guidelines and procedures as stated in the Call for Papers must be followed exactly. If not, your paper will not be accepted. Submit the abstract on a CDROM accompanied by one (1) original hard copy printed on white paper. All documents must be submitted in Microsoft Word format. Abstracts submitted in any other format are not acceptable and will be returned. CDs must be clearly and fully labeled with the name of the author to contact, institution name, mailing address, phone number, and e-mail address. CD submissions must include a hard copy of the abstract, no exceptions. E-mail and fax copies of abstracts are not acceptable.

You may not submit the form in this brochure if you choose to submit via the Internet.

Author to Contact: (Only one abstract per first author will be accepted.)

LAST NAME	FIRST NAME	MIDDLE INITIAL
INSTITUTE OR ORGANIZATION		
DEPARTMENT OR FIRST ADDRESS LINE		
LAST ADDRESS LINE		
CITY	STATE/PROVINCE	ZIP
		COUNTRY
E-MAIL	PHONE	FAX

### Presentation Preference:

- Oral       Poster

Session Topic Code (Please reference listing in this brochure.):

Choice 1: \_\_\_\_\_

If "Other," please indicate keywords: \_\_\_\_\_

- I am willing to serve as a session chair.  
 I would like my presentation considered for local media.

### Confirmation of Acceptance:

You will be notified of acceptance by e-mail unless otherwise noted here. Please notify me by  Mail  Fax

### Student Travel Grant

- I am applying for a Student Travel Award. I have completed the registration, abstract submission, and student travel award forms. Students from TOS, AGU and ASLO are eligible.

### ASLO Early Career Travel Grant

- I am applying for an Early Career Travel Award. I have completed the registration, abstract submission, and early career travel award forms. Only ASLO Early Career members are eligible.

### Additional Audio-Visual Requirements:

Computer projection equipment, LCD, projector, computer, and a screen will be provided. Please indicate below if you need additional equipment.

- Other (List any additional audio-visual equipment that you consider necessary for your presentation. Please note that any special requests for audio-visual (i.e. rental of VCR, monitor, 35mm slide projector, audio systems, computers, provision of additional power outlets, tables, stands, etc. ) should be made when the abstract is submitted. Any costs for these additional items will be billed to the author on this form.):

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In order to be considered as complete, the registration form, full registration fee and abstract submittal fee must accompany the abstract form. Mail the completed abstract submission form, completed registration form, payment of fees, CD, and one (1) copy of the abstract to:

2012 Ocean Sciences Meeting  
 5400 Bosque Boulevard, Suite 680  
 Waco, Texas 76710-4446, USA

# 2012 Ocean Sciences Meeting Student Travel Award Application

Please print or type.

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
INSTITUTE OR ORGANIZATION

\_\_\_\_\_  
DEPARTMENT OR FIRST ADDRESS LINE

\_\_\_\_\_  
LAST ADDRESS LINE

\_\_\_\_\_  
CITY STATE/PROVINCE ZIP COUNTRY

\_\_\_\_\_  
E-MAIL DAYTIME PHONE (INCLUDE COUNTRY CODE) FAX

\_\_\_\_\_  
TYPE OF DEGREE SOUGHT EXPECTED DATE OF COMPLETION

\_\_\_\_\_  
TITLE OF PAPER

\_\_\_\_\_  
FACTORY ADVISOR: NAME, PHONE NUMBER, FAX NUMBER

\_\_\_\_\_  
FACTORY ADVISOR: E-MAIL ADDRESS

- Yes  No I am a full-time student and member of TOS, AGU, or ASLO
- Yes  No I have previously received a student travel award from one of the sponsoring societies.
- Yes  No I have attended an Ocean Sciences Meeting in the past.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

**Please complete this form and attach the following to this application:**

1. Abstract of paper according to specifications on the abstract form
2. Copy of completed abstract submission form
3. Registration form
4. Payment of the student registration fee

**Important Dates to Remember**

- Abstract Submittal Deadline ..... 7 October 2011
- Authors Notified ..... December 2011
- Student Travel Grant Recipients Notified ..... December 2011
- Meeting Schedule Posted on Web Site ..... January 2012
- Ocean Sciences Meeting ..... 20-14 February 2012

## 2012 Ocean Sciences Meeting ASLO Early Career Travel Grant Application

Early career travel grants are awarded by ASLO. Only ASLO members may apply. Please print or type.

LAST NAME		FIRST NAME	MIDDLE INITIAL
INSTITUTE OR ORGANIZATION			
DEPARTMENT OR FIRST ADDRESS LINE			
LAST ADDRESS LINE			
CITY	STATE/PROVINCE	ZIP	COUNTRY
E-MAIL	DAYTIME PHONE (INCLUDE COUNTRY CODE)		FAX
CURRENT POSITION		EMPLOYER (IF DIFFERENT FROM ABOVE)	
TITLE OF PAPER			
<input type="checkbox"/> Yes <input type="checkbox"/> No I am a member of ASLO.			
<input type="checkbox"/> Yes <input type="checkbox"/> No I have attended an ASLO meeting in the past.			
APPLICANT SIGNATURE		DATE	

### Please complete this form and attach the following to this application:

1. Abstract of paper according to specifications on the abstract form
2. Copy of completed abstract submission form
3. Registration form
4. Payment of the student registration fee
5. Brief paragraph describing your current funding situation and your need for funding to attend this meeting

### Important Dates to Remember

Abstract Submittal Deadline ..... 7 October 2011  
 Authors Notified ..... December 2011  
 Student Travel Grant Recipients Notified ..... December 2011  
 Meeting Schedule Posted on Web Site ..... January 2012  
 Ocean Sciences Meeting ..... 20-14 February 2012

# 2012 Ocean Sciences Meeting Exhibitor Registration Form

This form will reserve exhibit space at the 2012 Ocean Sciences Meeting and will become a binding contract upon completion and submission of this form.

**EXHIBIT SPACE RENTAL FEE:** The rental fee for exhibit space is \$1,500 USD for commercial (for-profit) companies, \$750.00 for Government organizations and \$500 USD for nonprofit organizations per each booth space. The rental fee includes one (1) booth, identification signage, one 6-foot table and two chairs, a listing within the "Exhibitors" section of the printed meeting program and participation in the opening reception and poster session receptions associated with this meeting.

**PAYMENT OF FEE:** Full payment of the appropriate fee must be submitted with this application. Please make checks payable to OSM. Return this completed form with payment to 2012 Ocean Sciences Meeting, 5400 Bosque Blvd., Suite 680, Waco, Texas 76710-4446, USA.

Please print or type.

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COMPANY/INSTITUTE/ORGANIZATION

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CONTACT NAME POSITION

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FIRST ADDRESS LINE

---

SECOND ADDRESS LINE

---

CITY STATE/PROVINCE ZIP COUNTRY

---

PHONE FAX

---

E-MAIL URL/WEB ADDRESS

Your booth sign should read:

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For meeting badges, please list the full name of up to four colleagues/co-workers who will be working in your exhibit space:

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### Exhibition Fees (in U.S. dollars):

Commercial Exhibit Spaces ..... # of spaces @\$1500.00 USD per space = \_\_\_\_\_

Government Exhibit Spaces ..... # of spaces @\$750.00 USD per space = \_\_\_\_\_

Nonprofit Exhibit Spaces ..... # of spaces @\$500.00 USD per space = \_\_\_\_\_

**Total in U.S. Dollars** \_\_\_\_\_

### Payment:

Check Enclosed.

Bill My Organization. (You must submit a purchase order.)

Credit Card Payment:

Visa     MasterCard     American Express

### Special Needs:

If you, your guests or co-workers have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 1-800-929-2756 (USA, Canada & Caribbean) or 254-399-9635 (All other countries) or contact via e-mail at [osm2012@sgmeet.com](mailto:osm2012@sgmeet.com).

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NAME ON CARD

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CARD NUMBER EXP. DATE

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SIGNATURE

## 2012 Camp OSM – ASLO Child Care Grant Request Form

Arrangements need to be made on an individual basis through ACCENT on Children's Arrangements, Inc. by completing the registration form online at <http://www.accentregister.com/register/camposm12>. You also can call ACCENT on Children's Arrangements at 504-524-0188 or email: [registration@accentoca.com](mailto:registration@accentoca.com).

ASLO offers daycare grants to parents who are members of ASLO and are registered for the meeting. Please complete the following information for initial interest in child care. ASLO will notify you following the acceptance of abstracts if you will receive a grant. All grant payments will go directly to ACCENT on Children's Arrangements.

Parent:

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

Child and Day Care Needs:

Date	Full Day	Half Day AM	Half Day PM	# of Children	Ages
Monday, 20 February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tuesday, 21 February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wednesday, 22 February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Thursday, 23 February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Friday, 24 February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check here if your child has needs under the Americans with Disabilities Act.

Please mail or FAX to:

Sue Rulla  
2012 Ocean Sciences Meeting  
5400 Bosque Boulevard, Suite 680  
Waco, Texas 76710-4446  
Phone: 254-776-3550  
Fax: 254-776-3767

For more information on the 2012 Ocean Sciences Meeting,  
address all correspondence and questions regarding registration,  
conference logistics, and hotel accommodations to:

**2012 Ocean Sciences Meeting**  
**5400 Bosque Boulevard, Suite 680**  
**Waco, Texas 76710-4446**  
**Phone: 254-776-3550**  
**Fax: 254-776-3767**

**<http://www.sgmeet.com/osm2012> Web**  
**[osm2012@sgmeet.com](mailto:osm2012@sgmeet.com) Email**