2010 PSA Annual Meeting Registration Form

If you are unable to register electronically on the web at http://www.sgmeet.com/psa/psa2010/, please mail completed registration form and payment to: PSA 2010, 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: PSA 2010. 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: ___

SPECIAL DIETARY NEEDS: ___________________________

Registration Fees (for the single person above; in U.S. dollars):

☐ Regular (☐ $345.00 on or before 17 June 2010; ☐ $445.00 after 17 June 2010) ___________________________________________________________________________ = __________

☐ Student ($245.00) ___________________________________________________________________________________________________________________________________ = __________

☐ Retirees ($245.00) ___________________________________________________________________________________________________________________________________ = __________

☐ Non-members ($445.00) ___________________________________________________________________________________________________________________________________ = __________

☐ Accompanying Person ($120.00) ___________________________________________________________________________________________________________________________________ = __________

Spouse/Guest Name: ___________________________

☐ Plenary/Mini-symposium Speaker ($0.00) ___________________________________________________________________________________________________________________________________ = __________

☐ Single-day ($140. Please indicate which day you will attend: ☐ Saturday, 10 July; ☐ Sunday, 11 July; ☐ Monday, 12 July; or ☐ Tuesday, 13 July) ___________________________________________________________________________ = __________

Optional Event Tickets (in U.S. dollars and per person):

Plenary/Mini-symposium participants receive one ticket, but need to indicate if they will use it. Submitters to R06/R07 also receive one ticket (please indicate your use). One-day registrations for Tuesday receive a banquet ticket as well (please indicate your use). All others must purchase a ticket (as well as any extras).

☐ Banquet Ticket (Included) ______________________________________________________________ $0.00 USD per ticket = __________

☐ Banquet Ticket (Not-included or extra) ___________________________________________________________ ________ tickets@ $50.00 USD per ticket = __________

☐ Editorial Board Luncheon Ticket (Included for Editorial Board Members, please indicate if attending) ____________________________________________ $0.00 USD per ticket = __________

☐ Printed Program ____________________________________________ books@ $10.00 USD per book = __________

Total in U.S. Dollars ____________________________________________

Abstract ID:

If you are unsure about your Abstract I.D., contact the conference management office at 254-776-3550 by phone or at psa2010@sgmeet.com via email for assistance. Leave blank if you are registering to attend, not participate, in the meeting, or if you are registering prior to submitting an abstract.

Abstract I.D.: ___________________________

Membership Status:

☐ I am a member of the Phycological Society of America ___________________________

单职业 Needs:

If you 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 254-776-3550 (All other countries) or contact via email at helena@sgmeet.com

Special Needs: ___________________________

Payment:

☐ Amount Enclosed (Make checks payable in U.S. dollars and drawn on a U.S. bank to: PSA 2010 Bill My Organization. (You must submit a purchase order.)

☐ Credit Card Payment: ☐ Visa ☐ MasterCard ☐ American Express

NAME ON CARD: ___________________________

CARD NUMBER: ___________________________

EXP. DATE: ___________________________

SIGNATURE: ___________________________