

REGISTRATION FORM

2006 SYMPOSIUM ON THE EVOLUTION OF AQUATIC PHOTOAUTOTROPHS

11-13 January 2006, Rutgers University, New Brunswick, NJ, USA

The pre-registration fee of \$200 per person includes entry to all symposium talks, lunches, breaks, a dinner banquet and a copy of the program. The deadline for pre-registration is 15 October 2005. Forms received after the deadline will be charged a fee of \$250.

PAYMENT

Make check or money order payable to Rutgers, The State University of New Jersey. You may also use a Purchase order or credit card.

Send completed registration form with purchase order, check or money order to:

Symposium Registration
Environmental Biophysics and Molecular Ecology Program
Institute of Marine and Coastal Sciences
Rutgers University
71 Dudley Road, Room 318
New Brunswick, NJ 08901

You may register by phone or fax if using a purchase order or credit card:

Fax: 1-732-932-4083 (24 hours)
Phone: 1-732-932-6555 x244 (9:00am-5:00pm EST)

REFUND AND CANCELLATION POLICY

A refund of the fee, minus a \$25 processing charge, will be made if cancellation is received before 12 December 2005.

For additional information, please send an email to ereupt@marine.rutgers.edu, call 732-932-6555 x244 or fax 732-932-4083.

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Organization _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ Email _____

REGISTRATION INFORMATION

(Please select one)

- Speaker _____
- Grad Student or Post-Doc _____
- Non-student participant _____

Registration Fees (please select one)

- Pre-registration (on or before 15 October 2005) \$200 _____
- Registration (after 15 October 2005) \$250 _____
- Support awardee (fee waived) \$0 _____

Are you presenting a poster? Yes _____ No _____
If yes, title of poster _____

Do you have any special dietary needs? Yes _____ No _____
If yes, explain _____

Do you have any other special needs? Yes _____ No _____
If yes, explain _____

METHOD OF PAYMENT (Payment must be in USD)

Check or Money Order _____
(make payable to Rutgers, The State University of New Jersey)

Purchase Order: PO number _____

Invoice Address _____

Credit Card: Visa _____ Mastercard _____ Discover _____

Card No. _____

Expiration Date _____

Cardholder Name (printed) _____

Authorized Signature _____

For Office Use Only: Date received: _____ Auth: _____ Amount: _____ Check # F PO _____ Receipt: _____ Company: _____ Ref. _____
