

SOCIETY FOR DEVELOPMENTAL BIOLOGY

59th ANNUAL MEETING

University of Colorado, Boulder, CO

June 7 - June 11, 2000

MEETING REGISTRATION FORM

(Deadline for receipt of early registration is April 28, 2000)

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

Institution _____ Department _____

Mailing Address _____

Telephone _____ FAX _____ E-mail _____

REGISTRATION FEE (Includes 1 Banquet Ticket):

	Early By 4/28/00	Standard After 4/28/00
Member (full and postdoc)	\$ 150	\$ 180
Student Member	\$ 60	\$ 80
Non-member	\$ 240	\$ 290
Student Non-member	\$ 80	\$ 100
Banquet ticket for accompanying person	\$ 40	\$ 40

TOTAL FEES _____

(Non-member fee includes 2000 membership)

Student Certification

I certify that the above named student is currently enrolled in this Department's undergraduate _____ graduate _____ program (check one).

Name and position

Signature

(Only Department Chair or Advisor may sign.)

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 or AMERICAN EXPRESS**. No other cards will 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, 59th Annual Meeting Registration, 9650 Rockville Pike, Bethesda, MD 20814-3998.** Advance registration confirmation and receipt will be mailed in May 2000.

We will not be able to verify advance registration or housing request receipts by phone.

Badges and Program/Abstract Book will be distributed at the Meeting, upon presentation of registration confirmation card.

Credit card payment registrations may be FAXed to: (301) 571-5704.

Cancellation and refund request must be made in writing BEFORE May 19, 2000. A processing fee of \$20.00 will be charged.

DO NOT USE THIS FORM IF YOU HAVE SUBMITTED AN ELECTRONIC MEETING REGISTRATION

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Housing and Meal Reservation
(Deadline for receipt of guaranteed reservation is May 19, 2000)

INSTRUCTIONS:

Complete reservation form and mail WITHOUT PAYMENT to: **University of Colorado-Boulder Office of Conference Services, 500 30th Street, Boulder, CO 80310**, or FAX to: (303) 492-5959. **Payment is due at check-in.**

- PHONE RESERVATIONS WILL NOT BE ACCEPTED.
- Late housing/meal reservation requests received after May 19, 2000 are not guaranteed, but every effort will be made to meet your request.

Please type or print

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

Mailing Address _____

Telephone _____ FAX _____ E-mail _____

Female ___ Male ___ (Please check one to assist with housing assignments) Smoker? No ___ Yes ___

Arrival Date _____ Departure Date _____ Special Needs (specify) _____

There are a limited number of single rooms. If unavailable, assignment will be made to a double room with another conference participant. Payment includes 4 nights room (June 7-10), 3 breakfasts (June 8-10), 3 lunches (June 8-10) and 2 dinners (June 8-9).

	<u>Quantity</u>	<u>Meeting Participant/ Accompanying Person</u>	<u>Subtotal</u>
Single Room	_____	\$ 262.89 per person	_____
Double Room	_____	\$ 166.36 per person	_____
Parking	_____	\$ 16.50 per car throughout meeting	_____

TOTAL AMOUNT DUE _____

Preferred Roommate (for those choosing a double room) _____

Complete if accompanied by spouse or family:

Spouse's Name _____

Child's Name _____ Age ___ Female ___ Male ___

Child's Name _____ Age ___ Female ___ Male ___

Payment Information

All charges are based on a package rate arranged for you by SDB. **Payment is due at check-in.** Cash, traveler's check, personal checks and all major credit cards will be accepted. Checks must be in US dollars drawn on a U.S. bank. **Do not send money with this reservation form.**

University of Colorado at Boulder, Office of Conference Services, 500 30th Street, Boulder, CO 80310.
 Tel.: (303) 492-5151, FAX: (303) 492-5959, E-mail: Lodging@housing.Colorado.edu

AWARD APPLICATION

Check one of the following:

STUDENT TRAVEL AWARD

LATIN AMERICAN STUDENT SCHOLARSHIP
(letter of recommendation from advisor required)

LATIN AMERICAN FACULTY SCHOLARSHIP

NAME _____

INSTITUTION _____

DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

Any applicant who is the first author of his/her abstract is eligible. Selection criteria are:

1. scientific soundness of the study as described in the abstract
2. financial needs, including availability of other support, eg. from the advisor and/or school
3. SDB membership--preferred but not essential for Latin American Scholarships

The level and number of awards to be distributed are subject to funds available and the number of eligible applications received.

All student applications MUST be endorsed by the student's advisor or department chair. Decision notification will be made by May 15, 2000.

A. Briefly state your research focus:

B. Three most recent, pertinent publications (**Required for Faculty Applicants**):

C. Give other possible support sources and amounts:

Signature

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**All Student Applicants Must Provide**

For advisor or department chair:

1. Do you endorse this application? Yes  No
2. What level of support, i.e., amount, will you be able to contribute to this student's travel? \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

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Latin American Scholarships Deadline: March 1, 2000 with abstract submission
Student Travel Award Deadline: April 28, 2000 with meeting registration

Submit completed form to: Society for Developmental Biology, 9650 Rockville Pike, Bethesda, MD 20814 -3998, U.S.A.

Fax requests will NOT be accepted!