

NEUROSPORA 2006

REGISTRATION AND HOUSING FORM

(Please type or print clearly)

NAME: _____
ADDRESS: _____

PHONE: _____
FAX: _____
Email: _____

ACCOMMODATION PREFERENCE (Circle One) Rates include room and board and are per person for the conference period. Only a few single accommodations are available. For children (3-17), the rate is \$180. Participants choosing to stay off the Asilomar Conference grounds must pay a \$40 facilities fee.

Single: \$575 Double: \$350 3 - 4: \$275

ROOMMATE PREFERENCE Please communicate with preferred roommate. If you do not have a specific roommate preference, indicate **Male** or **Female** and we will arrange an appropriate room assignment.

BANQUET PREFERENCE (Circle One): Beef Fish Chicken Vegetarian

SPECIAL CONSIDERATIONS: If you have special requirements (e.g. vegetarian meals), please describe below.

AMOUNT ENCLOSED (Registration includes mixer, special meals, coffee breaks, and operating expenses.)

Registration* (see below)..... _____
Room and Board (see above)..... _____
Facilities Fee (\$40 if appropriate, see above)..... _____
Children (see above)..... _____
TOTAL ENCLOSED _____

*Senior investigators = \$150 Postdoctorals/Technicians = \$100 Students = \$75 Non-participants = \$25
Late registration is subject to a \$25 late registration fee.

This form (or a duplicate of it) and payment should be received no later than **January 15, 2006**. Make checks payable (in U.S. dollars and drawn on a U.S. bank) to **Regents of UC**. A website for credit care payments will be available in 2-3 weeks, or you can submit the following information: Name on Credit Card; Credit card type (Visa, MC, etc.); CVN Number on credit card (3 Digits); Expiration Date; and Billing Zip code.

Name on Card: _____ ___ Visa ___ Mastercard ___ Discover

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

CVN Number on credit card (3 Digits): _____ Billing Zip code: _____

Send To: Dr. Richard L. Weiss
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 Los Angeles, CA 90095-1569