

24th Fungal Genetics Conference
 March 20 – 25, 2007 - Asilomar Conference Center, Pacific Grove, CA

MEETING REGISTRATION AND HOUSING FORM

Deadline: December 13, 2006

Register on-line at <http://www.faseb.org/genetics/fungal-conf> (click on "On-line Registration") or fill out the enclosed form and return it to GSA. Important: do **not** mail or fax a duplicate form if you register on the Web.

Name: _____ Female Male
 First Middle Initial Last

Department: _____

Institution: _____

Street Address _____

City: _____ State: _____ Zip/Mail Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail (required): _____

Please list the Principal Investigator in your lab (required): _____

If you are a graduate student please indicate what year of study you are enrolled in (required): _____

If you are a postdoctoral researcher please indicate what year of study you are in (required): _____

If you require special accommodations to fully participate in the meeting, please indicate what is required: _____

Circle one:

<u>Housing Preference</u>	<u>Fee</u>
Single	\$865
Double	\$545
Triple	\$420
Quad	\$410
Children	\$306

Circle One:

<u>Registration</u>	<u>Early</u>	<u>Late(after 12/13/06)</u>
Faculty, GSA member/affiliate	\$185	\$235
Faculty, Nonmember	\$325	\$375
Post docs	\$155	\$205
Post docs nonmember	\$255	\$305
Student	\$130	\$180
Student nonmember	\$190	\$240

Additional Fees:

Non-participant (Saturday banquet) \$25
 Meal Plan (*For off-grounds attendees only*) \$235

Payment:

Housing: \$ _____
 Registration: \$ _____
 Additional Fees: \$ _____

Total Payment (housing/registration and any additional fees) \$ _____

Late registrations will be accepted on a space available basis.

Roommate Preference – Please communicate with preferred roommate. If you do not have a specific roommate preference we will arrange an appropriate room assignment.

Saturday Banquet Preference (Circle One): Fish Beef Vegetarian None
 Sunday Box Lunch (Circle One): Regular Vegetarian None

Payment may be made via a money order, a check drawn on a US bank, in US currency only, and made payable to The Genetics Society of America, or a MasterCard, VISA or American Express credit card. Credit card payments will be accepted by fax, but not by telephone. Checks drawn on foreign banks will not be accepted. For credit card remittance, please supply the following information:

Credit Card: Visa MasterCard American Express Card #: _____ Exp.: _____

Name printed *exactly* as it appears on credit card: _____

Date: _____ Signature: _____

Registrations will not be processed unless accompanied by payment. Return this form with payment to: **Fungal Genetics Conference Registration, The Genetics Society of America, 9650 Rockville Pike, Bethesda, MD 20814-3998**, telephone: (301) 571-2333; fax: (301) 634-7079, e-mail: annemarie.mahoney@verizon.net