

REGISTRATION FORM

40th Teratology Society Annual Meeting June 24 - June 29, 2000 The Breakers, Palm Beach, Florida

For Office Use Only
Date Received: _____
Input: _____ Initials: _____

Member Non-Member (Please check the appropriate box)

Please print or type:

Name: _____

Affiliation: _____

Is this a new employer Yes No

Department: _____

Street Address: _____

Is this a new address Yes No

City/State/Zip/Country: _____

Telephone Number: _____

E-mail Address: _____

FAX Number: _____

I require the following special accommodations for accessibility: _____

REGISTRATION FEES (Until May 24, 2000):

Full Attendance:

Member: \$325.00 \$ _____

Graduate Student / Post-doctoral

Fellow - Member / Non-Member: \$190.00 \$ _____

(please circle one above)

Non-Member: \$455.00* \$ _____

Accompanying Adult: \$225.00 \$ _____

Child Fee (under 12): \$125.00 \$ _____

Single-Day Attendance:

Member: \$140.00 \$ _____

Graduate Student / Post-doctoral

Fellow - Member / Non-Member: \$ 50.00 \$ _____

(please circle one)

Non-Member: \$175.00 \$ _____

Name of Accompanying Person(s) - on above line(s)

* Includes first-year membership dues if an application is submitted with registration or during the meeting and is acceptable

CONTINUING EDUCATION COURSE (Until May 24):

Member: \$235.00 \$ _____

Non-Member: \$270.00 \$ _____

Graduate Student / Post-doc: \$ 40.00 \$ _____

TOTAL REGISTRATION FEE DUE: \$ _____

THERE IS A \$20.00 CHARGE FOR CANCELLATION OF THE CONTINUING EDUCATION COURSE OR MEETING REGISTRATION BEFORE May 24, 2000. NO REFUNDS AFTER May 24, 2000. DEADLINE FOR ADVANCE REGISTRATION is MAY 24, 2000. LATE REGISTRATION FEE (after May 24, 2000): ADD \$40.00. DEADLINE FOR PRE-REGISTRATION: JUNE 1, 2000
After June 1, you must register on-site. On-site Registration Forms will be available at the Registration Desk.

METHOD OF PAYMENT:

PLEASE make all checks or credit card charges payable to the TERATOLOGY SOCIETY in U.S. DOLLARS.

Check or Money Order #: _____

Government Purchase Order #: _____

(Government P.O. Form MUST BE ATTACHED)

MasterCard Visa Discover American Express

Credit Card #: _____

Expiration Date: _____

Signature: _____

Cardholder's Printed Name: _____

If cardholder is different from registrant, please include cardholder's telephone number: (_____) _____

Mail completed form with remittance to:

TERATOLOGY SOCIETY, MEETING REGISTRATION, 1767 BUSINESS CENTER DRIVE, SUITE 302, RESTON, VIRGINIA 20190
FAX (Credit Card Payments ONLY): (703) 438-3113. Government Purchase Orders may NOT be FAXED, they must be mailed with the registration form. Printed from <http://teratology.org>

