

Registration Form

ASA Annual Meeting, Calvin College, July 28–31, 2006

Please fill out a separate form for each person.

Print information below as you would like it to appear on your badge.

Name: _____

Name: _____

Mailing Address: _____

Major Field: _____

City: _____ State: _____ Zip: _____

Institution: _____

E-mail: _____

City: _____ State: _____

Phone: _____ Gender: Male Female

REGISTRATION: (per person)

Registration fee through June 15

Registration fee June 16 and later

ASA Member (ID# _____)*	\$200 <input type="checkbox"/>	\$230 <input type="checkbox"/>
Non-Member	\$225 <input type="checkbox"/>	\$255 <input type="checkbox"/>
Full-time Student (enclose copy of student ID)	\$100 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Spouse/Family Member	\$100 <input type="checkbox"/>	\$130 <input type="checkbox"/>

Registration: \$ _____

LODGING:

Special accommodations cannot be guaranteed.

- Check if you need handicap accessibility Check if you require first floor
- Rooming with spouse
- I would like to share a room/suite with: _____
- Please attempt to match me with a roommate (cannot be guaranteed)

Prince Conference Center: *includes breakfast*

Fri., Sat., and Sun. nights

Additional night

<input type="checkbox"/> Two queen beds in a room	\$246 per room for 3 nights	
<input type="checkbox"/> One king bed with sleeper sofa	\$246 per room for 3 nights	
<input type="checkbox"/> Additional lodging Monday night		\$85

Residence Hall: *Kalsbeek/Heizenga does not include breakfast*

<input type="checkbox"/> Double, shared bathroom	\$60 per person, for 3 nights	\$23
<input type="checkbox"/> Double, private bathroom	\$81 per person, for 3 nights	\$30
<input type="checkbox"/> Single, shared bathroom	\$81 per person, for 3 nights	\$30
<input type="checkbox"/> Single, private bathroom	\$135 for 3 nights	\$48
<input type="checkbox"/> Additional lodging Thursday		
<input type="checkbox"/> Additional lodging Monday		

Lodging: \$ _____

MEALS:

Cost

<input type="checkbox"/> Friday dinner through Monday lunch with breakfast	\$82
<input type="checkbox"/> Friday dinner through Monday lunch without breakfast	\$65
<i>Banquet choice:</i> <input type="checkbox"/> Chicken <input type="checkbox"/> Scrod	
<input type="checkbox"/> Additional Banquet ticket: <input type="checkbox"/> Chicken <input type="checkbox"/> Scrod	\$20
Name of person for additional ticket: _____	
<input type="checkbox"/> Thursday dinner	\$12
<input type="checkbox"/> Friday breakfast	\$8
<input type="checkbox"/> Friday box lunch	\$8

Meals: \$ _____

FIELD TRIPS: See brochure for details. Please check which field trip you would like.

<input type="checkbox"/> Ecology and Geomorphology of Sand Dunes at P. J. Hoffmaster State Park*	\$26
<input type="checkbox"/> Gerald R. Ford Presidential Museum	\$14
<input type="checkbox"/> Meijer Gardens and Sculpture Park	\$20
<input type="checkbox"/> Urban Geography	\$12
<input type="checkbox"/> Ford Museum and Meijer Gardens*	\$42
<input type="checkbox"/> Ford Museum and Urban Geography*	\$34

Field Trip: \$ _____

DONATIONS: A \$100 tax-deductible donation would help a student or early career scientist attend this meeting through our Students and Early Career Scientists Scholarship fund.

Donation: \$ _____

PLEASE NOTE:

Any **change** in registration such as lodging, meals, or field trips **after** June 15, 2006 will result in a \$50 fee. We cannot guarantee lodging or meals after June 15, 2006. **No refunds** after July 13, 2006.

Total: \$ _____

Register online at www.asa3.org or mail form to: American Scientific Affiliation, PO Box 668, Ipswich, MA 01938 with payment in **US funds**. Make check payable to ASA or pay by VISA/MC by filling in the information below.

Credit Card No. _____ / _____ / _____ Exp. Date: _____

Please print your name as it appears on the credit card _____

Signature _____ **Amount Enclosed: \$** _____