

REGISTRATION FORM

Deadline — JUNE 1, 1999

Please fill out a form for **each** person registering. This form may be duplicated. Your name badge will contain your name, city, state, and major field as printed below:

Name: _____ Mailing address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Major field: _____ E-mail: _____

Telephone: (_____) _____ - _____

Registration Fees (per person): No cancellation refunds will be given after July 1, 1999.

ASA Member	\$150	\$ _____
Non-Member	\$175	\$ _____
Full-time Student	\$ 75	\$ _____
Spouse/Family Member	\$ 75	\$ _____
Late fee for registrations postmarked after June 1	\$ 30	\$ _____

Registration Total \$ _____

Lodging at John Brown University: _ Thurs. _ Fri. _ Sat. _ Sun. _ Mon.

Single occupancy will be \$20 per night: \$20 X _____ =
No. of nights

Double occupancy will be \$15 per person per night: \$15 X _____ =
No. of nights

Total Lodging \$ _____

Meal Packages at John Brown University:

Package No. 1. Friday breakfast through Monday lunch (Friday lunch and banquet **not** included): \$47.00

Package No. 2. Friday dinner through Monday lunch (banquet **not** included): \$43.25

Package No. 3. Banquet on Saturday evening (no other meal will be served): \$ 9.00

Package No. 4. Box lunch for Friday: \$ 4.00

Meal Package Nos. _____, _____, and _____

Meal Total \$ _____

Passion Play:

Passion Play — Cost: \$35 for adults, \$25 for children 4-11
(Includes admission, dinner and transportation)

Passion Play \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Reservations Only: Please circle the field trip you would like to attend. **Payment will be collected at registration.**

Trip No. 1 ACB Field Trip: Cost will be approximately \$10. You **need** to order your box lunch above.

Trip No. 2 Local Attractions: Eureka Springs Gardens—Pea Ridge Battlefield—Wild Wilderness Drive-Thru Safari—Thorn Crown Chapel—Wal-Mart Visitors Center. Cost will be \$28 (includes admission to tours and transportation). You **need** to order your box lunch above.

Mail this form with your check made payable in US funds to:
American Scientific Affiliation, PO Box 668, Ipswich, MA 01938
or you may pay via credit card by filling in the information below.

MasterCard or Visa _____ - _____ - _____ - _____

Signature: _____

Expiration date: _____

Name as appears on credit card: _____

please print