REGISTRATION FORM

Colorado Christian University — July 25–28, 2003

Please fill out a separate form for **each** person registering – simply duplicate this form. Your meeting badge will contain your name, city, state, and major field **as printed below on the left**.

Name: _____ Mailing Address: _____

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

Major Field: _____ E-mail: _____

Please print clearly

Telephone: _____

Area Code Number

Registration Fees (per person): No refunds after June 15, 2003.

	Registration fee through June 15		Registration fee after June 15	
ASA Members	$175	$_____	$200	$_____
Non-Member	$200	$_____	$225	$_____
Full-time Student	$ 85	$_____	$100	$_____
Spouse/Family Member	$ 85	$_____	$100	$_____

Registration $_____

Lodging: Circle all nights for lodging: Wed Thurs Fri Sat Sun Mon

Apartments have kitchen, living room, dining room, balcony and three bedrooms, each with two twin beds. Two bedrooms share apartment bathroom, one bedroom has a private bathroom.

- Bedroom with apartment bath $40/night, single occupancy **as available** # of nights ___ x $40 =___
- For each night that the room has double occupancy, $20 per person # of nights ___ x $20 =___
- Bedroom with private bath $50/night, double occupancy **as available** # of nights ___ x $50 =___

9 Please attempt to match me with a roommate (cannot be guaranteed). **Lodging** $_____

Sharing room with: _____

Please print first name Last name

Linen: One-time charge of $13.50 per person. **Linen** $_____

Meal Packages:

1. Thursday dinner through Monday lunch …$100
2. Friday breakfast through Monday lunch …$ 90
3. Friday lunch through Monday lunch …$ 83
4. Friday dinner through Monday lunch …$ 75 Meal Pkg # ____ **Meals** $_____

Field Trips: Space is limited. Please select your top three choices. See brochure for details.

1. The Earth *Has* a History …$ 10 p/p First Choice #____
2. High Altitude Ecology …$ 10 p/p
3. National Center for Atmospheric Research …$ 10 p/p Second Choice #____
4. National Renewable Energy Laboratory …$ 10 p/p
5. Red Rocks-Dinosaur Ridge …$ 10 p/p Third Choice #____

6. Betty Ford Alpine Gardens …$ 12 p/p Saturday____ **Field Trip** $_____

TOTAL AMOUNT ENCLOSED $_____

Mail form to **American Scientific Affiliation, PO Box 688, Ipswich, MA 01938** with your check, made payable in **US** funds to **ASA** or to pay by credit card, fill in the information below.

MasterCard or Visa only 9999 - 9999 - 9999 - 9999 Expiration date: _____

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

Signature: _____ *Thank you*