REGISTRATION FORM Messiah College — August 5–8, 2005

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**. Please print *clearly*.

Name:			_	Mailing Address:	
City:	State: _		_	•	State: Zip:
Major Field:			_	E-mail:	
Affiliation:			_	Telephone: ()
Registration fee (per person): Description Registration fee through June 20				20, 2005. We cannot ee after June 20	guarantee lodging or meals after deadlin
ASA Members	\$185	9	\$ 215	9	
Non-Member	\$215		\$ 245		
Full-time Student Spouse/Family Member			§ 125 § 125	9	Registration Total \$
PLEASE NOTE: Any change in rafter June 20, 2005 will result			n such as 1	neals, housing, or fie	ld trips
 Lodging and meal package. Sp. 9 Check if you need handicap a 1. Single occupancy and meals 2. Double occupancy and meals 9 Please attempt to match me I would like to share a room with 	pecial acco accessibili Friday d s: Friday o with a roo	ommodation ty 9 Che inner through dinner through ommate (can	eck if you h Monday gh Monday not be gua	require first floor loo lunch \$ 218 9 y lunch \$ 172 9 ranteed).	lging Conference Package \$
I would like to share a room wi		rint: Last na		First n	ame
Circle all nights for additional lodg Single accommodations: # of nig Double accommodations: # of nig Additional Meals: Please circle Thursday Friday Lunch \$ 9.25 Breakfast Dinner \$10.25 Lunch	htshts	_ x \$46 =	_	Tuesday Breakfast \$5.25	Additional Lodging Total \$Additional Meals Total \$
Commuter package: Includes co Monday lunch (lunches and dinner			inner throu	ıgh	Commuter Package Total \$
Field Trips: See brochure for det 1. Gettysburg Battlefield \$38.50 2. Geology Field trip \$10.00* 3. Biology Happening \$10.00* *includes a bag lunch	4. S 5. L		ney Choco	late World \$ 10.00	Field Trip Total \$
Messiah Shuttle Service: \$14 e	each way/p	per person.			Shuttle Total \$
Donation: A \$100 tax-deductible this meeting through our Student an					st attend Donation Total \$
				TOT	AL AMOUNT ENCLOSED \$
Mail form to American Scientific		n, PO Box 6 y filling in th	668, Ipswi	ch, MA 01938 with p	

Signature: ___