

AIBS 2009 - Annual Meeting

May 18-19, 2009

Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia

Name for badge: (First) _____ (Last) _____ (Nickname) _____

Institution (for badge)(limit to 18 characters and spaces): _____

Address (for confirmation): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Business Phone: _____ FAX: _____

Email: _____

Primary Scientific Society Affiliation: _____

EARLY REGISTRATION FEES: (Mark Appropriate Boxes)

You may also register online at: http://www.aibs.org/annual-meeting/annual_meeting_2009.html

- | | |
|--|-------|
| <input type="checkbox"/> AIBS Individual Member | \$ 50 |
| <input type="checkbox"/> Non-Member | \$ 60 |
| <input type="checkbox"/> Non-Member (includes one year AIBS membership & BioScience subscription, print + online) | \$120 |
| <input type="checkbox"/> Government Employee | \$ 50 |
| <input type="checkbox"/> Educator (K-12) | \$ 50 |
| <input type="checkbox"/> Student | \$ 40 |
| <input type="checkbox"/> I will join AIBS Board members and staff, speakers, and award recipients at the Awards Luncheon on 18 May | \$ 50 |
| <input type="checkbox"/> I will attend the reception and lecture at the Keck Center at 6:30 pm on 18 May | \$ 35 |
| <input type="checkbox"/> I will attend the workshop: AIBS Public Policy Office | \$ 15 |
| <input type="checkbox"/> I will attend the workshop: BSCS/NABT Teachers Workshop on 19 May (free with registration) | FREE |

TOTAL FEES ENCLOSED \$ _____

I am submitting a poster: <http://birenheide.com/aibs/2009AM/>

Cancellation Policy: Cancellations must be in writing to Mary Lou Scarbrough at MScarbrough@BurkInc.com. Cancellations received by 13 April 2009 will be charged a \$15.00 administrative fee. No refunds will be issued on cancellations received after 13 April 2009.

SPECIAL NEEDS

AIBS will make all reasonable efforts to accommodate individuals with disabilities at AIBS events. Please describe your requirements below if you require special assistance. You will be contacted by someone from our staff if we have any questions.

PAYMENT INFORMATION:

Mail Check Payment to: AIBS, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101; FAX: (703) 790-2672; Web: www.AIBS.org

VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Credit Card Billing Address: _____

Cardholder Name: _____ Signature: _____

You may also register online at:

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If registering online, please do not return this form by either fax or mail; and if faxing this form to 703-790-2672, please do not mail the original.