



AAAS, Pacific Division 89th ANNUAL MEETING
Hawaii Preparatory Academy
Waimea, HI
June 15 – 20, 2008

ADVANCE REGISTRATION FORM
FOR EARLY REGISTRATION, FIELD TRIPS, and OTHER SPECIAL EVENTS

Send this form directly to
AAAS, Pacific Division • Department of Biology • Southern Oregon University • Ashland, OR 97520
or call with information: 541-552-6869 or FAX to our dedicated line: 541-552-8457
Please PRINT or TYPE this form. If faxing, use black ink.

Name: _____ **Date:** _____

Mailing Address: _____

City, State, Zip: _____

E-mail: _____ **Day Phone:** _____

Institution/Company, (for your name tag – if blank, city & state will be used): _____

AAAS member: Yes No **Affiliated Society Membership:** _____

Are you planning a program or are you presenting a paper or poster? Yes No
If so, in which program or section? _____

(above must be filled out in order to receive program planner/presenter rate)

REGISTRATION FEES: *Check all that apply.*

	Received by	Received after	
	May 20	May 20	
Full Meeting			
Professional	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	
Program Planner/			
Presenter	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	
Teacher K-14	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	
Post-Doc	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	
Student	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	
Unemployed	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	
Spouse	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	➔ Name, City, State (for name tag): _____
Emeritus/Retired	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	_____
One-day			
Professional	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	➔ Select day: <input type="checkbox"/> Mon. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.

SPECIAL MEALS (for those not staying at HPA or purchasing a meal program – please refer to pages 9 and 15 of the January Newsletter)

Sunday Evening Special Dinner: _____ tickets @ \$ 26.00 \$ _____

Monday Evening Hapuna Beach Picnic: _____ tickets @ \$ 22.00 \$ _____

Wednesday Evening Banquet NON-STUDENT PRESENTER: _____ tickets @ \$ 35.00 \$ _____

Wednesday Evening Banquet STUDENT PRESENTER: student presenter ticket @ no charge (only 1 per student presenter registration)

SEE REVERSE FOR FIELD TRIPS, WORKSHOPS and SUMMARY

FIELD TRIPS: All trips are priced per person. See pages 17 – 20 of this *Newsletter* for details.

Field trip registration fee for non-registrants (once per person) ___ regs. @ \$ 10.00 \$ _____

Tuesday, 17 June

Field Trip #1: Kona Coffee ___ tickets @ \$ 55.00 \$ _____

Field Trip #2: Pu`uhonua o Honaunau National Historical Park ___ tickets @ \$100.00 \$ _____

Field Trip #3: Kilauea Volcano ___ tickets @ \$ 55.00 \$ _____

Field Trip #4: Mauna Kea Observatories ___ tickets @ \$ 80.00 \$ _____

Field Trip #5: Snorkeling ___ tickets @ \$ 55.00 \$ _____

*Add \$5.00 each if renting snorkeling gear. Shoe size(s): _____
Swimming/snorkeling skill: inexperienced fairly experienced very experienced*

Friday, 20 June

Field Trip #6: Kilauea Volcano ___ tickets @ \$ 55.00 \$ _____

Field Trip #7: Snorkeling ___ tickets @ \$ 55.00 \$ _____

*Add \$5.00 each if renting snorkeling gear. Shoe size(s): _____
Swimming/snorkeling skill: inexperienced fairly experienced very experienced*

Field Trip #8: Kaloko-Honokohau National Park ___ tickets @ \$ 60.00 \$ _____

PLEASE NOTE: Requests for refunds must be in writing and postmarked or date stamped no later than May 17, 2008. A \$10 handling fee will be applied. An additional 3.25% deduction will be applied to the total amount for credit card refunds.

Registration Total \$ _____

Workshops Total \$ _____

Meals Total \$ _____

Field Trips Total \$ _____

TOTAL DUE \$ _____

(Make checks payable to AAAS, Pacific Division or use your credit card—see below.)

CREDIT CARDS

To pay for your advance registration by credit card, you may

- mail this completed form to the address below, or
- phone the information to 541-552-6869 between about 11:00 a.m. and 3:00 p.m. Pacific Time, or
- fax this completed form to 541-552-8457 (dedicated fax line into the Pacific Division office).

Type of Card: Visa Master Card Discover AmEx

Credit Card Number _____ Expiration Date _____

Name on Card _____

Complete Billing Address for Card _____

Signature of Cardholder _____ Date _____

COMPLETE AND RETURN THIS FORM WITH YOUR PAYMENT TO:

AAAS, Pacific Division • Department of Biology • Southern Oregon University • Ashland, OR 97520

Should you have questions, e-mail us at aaaspd@sou.edu or call 541-552-6869 M – F 11:00 a.m. to 3:00 p.m., Pacific Time.