



**AAAS, Pacific Division 90th ANNUAL MEETING
San Francisco, CA
14 – 19 August 2009**

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

*Send this form directly to
AAAS, Pacific Division • Southern Oregon University • 1250 Siskiyou Blvd. • Ashland, OR 97520
or call with information: 541-552-6869 or FAX to our dedicated line: 541-552-8457*

Please PRINT CLEARLY or TYPE this form. If faxing, use black ink.

NOTE: This form supercedes all others.

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: _____

How did you hear about this meeting? _____

Which Newsletters did you receive for this meeting? January April Neither

If so, how? Print copy via USPS Print copy from someone PDF download from internet

If you received a copy of the Newsletter, did you find it useful? Yes No

Are you interesting in helping judge student presentations at the annual meeting? Yes No

Please see page 8 of the April Newsletter for information about judging. If you check the “yes” box, you will be contacted for additional information.

Are you planning a program or 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)

MEETING REGISTRATION FEES:

	Received by 15 June	Received by 3 August	On-site
Full Meeting			
Professional	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$110.00
Program Planner/			
Presenter	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$80.00
Teacher K-14	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$52.50	<input type="checkbox"/> \$60.00
Post-Doc	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$52.50	<input type="checkbox"/> \$60.00
Student	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$40.00
Unemployed	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$52.50	<input type="checkbox"/> \$60.00
Spouse	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$40.00 ➔ Name, City, State (for name tag): _____
Emeritus/Retired	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$52.50	<input type="checkbox"/> \$60.00 _____
One-day of Meeting			
Professional	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$80.00 ➔ Select day: <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed.
Bio-Rad Workshop			
Workshop Only		<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00

(This registration is for Bio-Rad workshops only; it does not allow attending additional meeting sessions.)

DARWIN and the GALAPAGOS Symposium: Check box for a ticket to this event (one ticket is allowed per registrant).

This symposium occurs Friday and Saturday, 14 and 15 August at the California Academy of Sciences.

Please complete reverse side before sending in or faxing form.

DIVISION BANQUET: Complete descriptions of the entree offerings can be found in the April *Newsletter*. Please indicate the number of each type of meal for which you wish to purchase tickets. If you are a student in competition for a presentation award, you are invited to be a guest of the Division and do not have to pay to attend the banquet. Please be sure to mark the appropriate dinner choice for your student presenter ticket.

Regular tickets: ___ eggplant ___ shrimp ___ prime rib total: ___ @ \$35 each \$ _____

Student Presenter Ticket @ no charge (choose one): vegetarian shrimp prime rib

FIELD TRIPS: All trips are priced per person. Descriptions: <http://www.sou.edu/aaaspd/2009SANFRANCISCO/FieldTrips09.html>

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

Sunday, 16 August

Field Trip #1: Presidio Field Excursion ___ tickets @ \$25.00 \$ _____

Field Trip #4: San Andreas Fault ___ tickets @ \$50.00 \$ _____

Wednesday, 19 August

Field Trip #2: Pigments, Perfumes and Poisons ___ tickets @ \$25.00 \$ _____

Thursday, 20 August

Field Trip #3: Jasper Ridge Biological Preserve ___ tickets @ \$40.00 \$ _____

Field Trip #5: Natural History of Marin County ___ tickets @ \$50.00 \$ _____

Field Trip Lunch Preference:

Field trip lunches ordinarily include a meat sandwich. ↓
If you prefer a vegetarian sandwich, please check here: ←
↑

PLEASE NOTE: Requests for refunds must be in writing and postmarked or date stamped no later than 15 July 2009. A \$10 handling fee will be applied. An additional 3.5% deduction will be applied to the total amount for credit card refunds.

Registration Total \$ _____

Workshop Total \$ _____

Banquet Total \$ _____

Field Trips Total \$ _____

TOTAL DUE \$ _____

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

WORKSHOPS: Preregistration for workshops is very helpful to the presenters. Please check the appropriate box(es) below if you plan to attend one or more workshops. Descriptions: <http://www.sou.edu/aaaspd/2009SANFRANCISCO/Workshops09.html>

- Monday Bio-Rad Workshop sessions.* *Tuesday Bio-Rad Workshop sessions.* *Discovering Darwin Workshop.*
 Forging California's Path to Zero Net Energy Workshop. *SENCER Workshop*

RECEPTIONS: To help estimate the numbers of people participating in the events listed below, please indicate the number of people in your party that plan to attend each.

___ *Cracker Barrel Mixer* (Sunday evening, no charge to registrants and family)

___ *SFSU Presidential Reception* (Monday evening, no charge to registrants and family)

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 12:00 p.m. and 4:00 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 _____

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