



**SOCIETY FOR DEVELOPMENTAL BIOLOGY**

**67<sup>th</sup> ANNUAL MEETING**

**University of Pennsylvania, Philadelphia, PA**

**July 26-30, 2008**

**MEETING REGISTRATION FORM**

*(Deadline for receipt of early discounted registration is May 5, 2008)*

Please type or print

Dr./Mr./Ms./ Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**REGISTRATION FEE** (Includes: Entry to all scientific sessions and workshops, Refreshment breaks, Entry to poster and exhibit sessions, Opening Reception and Closing Banquet at Mutter Museum, Program and Abstracts Book, Program Addendum and Directory, Lunch (3: 7/27, 7/28, 7/29))

	<u>Early</u> <u>By 5/5/08</u>	<u>Standard</u> <u>After 5/5/08</u>
Member (full and postdoc) .....	\$ 350	\$ 450
Student Member .....	\$ 250	\$ 300
Non-member .....	\$ 450	\$ 550
Student Non-member .....	\$ 280	\$ 330
Banquet ticket for accompanying person ....	\$ 40	\$ 40

TOTAL FEES \_\_\_\_\_

*(Non-member fee includes membership from Aug 1 to Dec 31, 2008)*

*On site registration at the standard rate will be available for those who do not register by June 27, 2008.*

<b>Student Certification</b>
I certify that the above named student is currently enrolled in this Department's undergraduate____ OR graduate____ program (check one).
_____ Name and phone of Dept Chair or Advisor

**PAYMENT INFORMATION:**

**NO CASH** will be accepted as a form of payment. All payments **MUST** be in US dollars. You may enclose a personal or institutional check drawn on a US bank, or Money Order, payable to Society for Developmental Biology. You may also make a credit card payment through **MASTER CARD, VISA, AMERICAN EXPRESS, or DISCOVER**. No other cards will be accepted. Purchase orders will not be accepted.

Form of payment (check one): Check \_\_\_\_\_ Money Order \_\_\_\_\_ Amount of Payment in US\$ \_\_\_\_\_

Check # \_\_\_\_\_ Name on the check \_\_\_\_\_

Credit Card Payment: VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Card # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

**MAILING INSTRUCTIONS**

Mail completed form and check for the total amount to: **Society for Developmental Biology, 67th Annual Meeting Registration, 9650 Rockville Pike, Bethesda, MD 20814-3998, USA**. Advance registration confirmation and receipt will be mailed within 4 weeks of receipt. We will not be able to verify advance registration receipts by phone. Badge and meeting materials will be distributed at the Meeting Registration Desk, upon presentation of registration confirmation card.

**FACSIMILE TRANSMISSION**

Credit card payment registrations may be transmitted to: (301) 634-7825.

**CANCELLATION**

Cancellation and refund request must be made in writing **BEFORE June 27, 2008**, by FAX: (301) 634-7825, or email: [sdb@sdbonline.org](mailto:sdb@sdbonline.org) with "Meeting Cancellation" as Subject title. A processing fee of \$30.00 will be charged.

**Do Not Use This Form If You Have Submitted An Electronic Meeting Registration.** You may be charged twice.