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REGISTRANT INFORMATION

SDB ID # (IF APPLICABLE)

FIRST NAME    MIDDLE NAME    LAST NAME    SUFFIX

DEPARTMENT    INSTITUTION

MAILING ADDRESS

CITY      STATE/PROVENCE  ZIP    COUNTRY

PHONE      EMAIL

DO YOU HAVE SPECIAL NEEDS? IF YES, PLEASE SPECIFY REQUIRED ACCOMMODATIONS

ADVISOR INFORMATION (REQUIRED FOR STUDENTS AND POSTDOCS)

REGISTRANT IS A:    [ ] Postdoc    [ ] Graduate Student    [ ] Undergraduate Student    [ ] Postbac

ADVISOR'S NAME

ADVISOR EMAIL

All participants are expected to abide by the SDB Code of Conduct: [http://www.sdbonline.org/code_of_conduct](http://www.sdbonline.org/code_of_conduct)
REGISTRATION FEES
Includes entry to all scientific sessions and workshops.

<table>
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<tr>
<th>Full Meeting Registration</th>
<th>Pre-Meeting Registration Fee (by June 8, 2020)</th>
<th>Total Cost</th>
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<tr>
<td>□ Full Member</td>
<td>$70</td>
<td>$</td>
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<tr>
<td>□ Full Non-Member</td>
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<td>□ Postdoc Non-Members</td>
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CREDIT CARD INFORMATION

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- VISA
- MasterCard
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BILLING ADDRESS _______________________________________________________________________________________________________
EMAIL ADDRESS FOR RECEIPT _____________________________________________________________________________________________
CARD NUMBER ____________________________________________ EXPIRATION DATE ____________ SECURITY CODE ________
AUTHORIZED SIGNATURE ____________________________________________________________ DATE ________________________