**REGISTRANT INFORMATION**

|  |  |
| --- | --- |
| Name: | First Name Last Name |
| Affiliation: | Type Organization / Institution |
| Arrival Date & Time: | Arrival Date Time am / pm | Departure Date & Time: | Departure Date Time am / pm | Flight No.: | Type Flight No. |
| Address: | Address Line 1 Address Line 2 |
| City, State, ZIP: | City State 00000 |
| Country:  | Country | Telephone: | Cell Phone Fax |
| Email: | Email  |
| Membership: | Membership | Dietary Restrictions: | e.g. vegetarian, gluten-free, peanut allergy |
| Accompanying Family Member: | Please provide details |

**Are you entering a paper for the Best Student Paper Competition?** [ ]  **Yes**  [ ]  **No**

|  |  |
| --- | --- |
|  Paper:  | 1. Paper Title
 |
|  | 1. Paper Title
 |

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**Petal Elizabeth Ridley**

Director of Sales and Marketing

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**REGISTRATION FEES**

|  |  |
| --- | --- |
| **August 6 – 11th, 2017** | **USD** |
| [ ]  Registration Fee | $300 |
| [ ]  Local Registration Fee | $150 |
| [ ]  Student Registration Fee | $150 |
| [ ]  Field Trip Type number of persons* For accompanying family members (per person)
 | $50 |
| [ ]  Banquet (per person) | $50 |
|  **TOTAL FEE:**  | **$Enter Total** |

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