



ISCB ROCKY MOUNTAIN REGIONAL CONFERENCE REGISTRATION
ASPEN, COLORADO DECEMBER 5-7, 2003



PARTICIPANT INFORMATION

First Name: _____ Family Name: _____
 First Name for Badge: _____ Male or Female
 Institution/Affiliation: _____
 Address: _____
 City: _____ State/Province/Region: _____ Country: _____
 Postal Code: _____ Phone: _____ Fax: _____
 E-mail: _____
 Special Needs: Check if you have special needs
 Please list special needs: _____

CONFERENCE REGISTRATION

I am registering as an ISCB member. My membership number is: _____
 I am registering as a non-member (to join ISCB go to www.iscb.org).

REGISTRATION FEES (CHECK REGISTRATION CATEGORY)

	ISCB Member	Non-member	Amount Due
<input type="checkbox"/> Industry:	\$375.00	\$425.00	_____
<input type="checkbox"/> Academic/Government/Non-profit:	\$275.00	\$325.00	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*):	\$175.00	\$225.00	_____
<input type="checkbox"/> Students (with ID*):	\$150.00	\$185.00	_____

* Please present Advisor letter and student ID's upon check-in.

OFF-SITE BANQUET

Check if you would like to attend the off-site banquet (Friday, December 5 evening) _____
 No. tickets ____ x \$25.

TOTAL AMOUNT DUE _____

Note: If you are interested in skiing please let us know. We will be able to obtain discounted group tickets for \$43 per ticket (vs. regular \$78 per ticket) and must obtain these in advance. This in no way commits you to these tickets but does enable us to know how many tickets we should have available at the Rocky 1 registration desk.

Number of days you plan to ski: _____

PAYMENT METHOD

Check or money order. Make checks payable to: ISCB Credit Card
 Accepted cards: Visa Mastercard Diners Club American Express Discover
 Credit Card Number: _____ Security Number*: _____ Expiration Date: _____
 Print Name as it appears on Credit Card: _____
 Complete Billing Address: _____

Check here if billing address is same as above address

Signature of Cardholder: _____ Date: _____

* For Amex this is the 4 digit code on front of card, for all others it is the 3 digit code on the back of the card following the full card number, generally embedded into the signature line

Mail or Fax completed form to Suzi Smith, ISCB: 12127 Royal Lytham Row, San Diego, CA 92128, +1-619-374-2890

Accommodation must be booked directly with hotel. A complete listing is available at: www.iscb.org/rockyt/hotels.html

Cancellation Policy: Request for registration cancellation must be made in writing & sent to ISCB Registration Office, c/o Suzi Smith, 12127 Royal Lytham Row, San Diego, CA 92128, e-mail admin@iscb.org or faxed to 1-619-374-2890. All refunds will be processed and mailed following the Conference. Refunds will be made in accordance with the following schedule:

- Cancellations Received on or before October 15, 2003 will receive a full refund minus a \$50.00 processing fee.
- Cancellations Received between October 16, 2003 and November 15, 2003 will receive a 50% refund.
- No refunds of fees will be made after November 15, 2003.