



52nd Annual

Maize Genetics CONFERENCE

March 18-21, 2010 - Riva del Garda, Italy

MEETING REGISTRATION FORM

REGISTRATION FEE CANNOT BE REFUNDED

LAST NAME: _____ FIRST NAME: _____

AFFILIATION: _____

WORK MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: (required for confirmation) _____

Do you prefer vegetarian meals? ☐ Yes ☐ No

Do you need any additional special arrangements for meals or facilities? If so, please explain.

☐ Yes Explain _____

Check the appropriate category and remit indicated registration fee.*

☐ Corporate participant \$550

☐ Academic or government PI or lab head \$550

☐ Postdoctoral associate \$550

☐ Retired / emeritus attendee \$300

Late registration after January 29, 2010 Add \$100

Total Enclosed: \$ _____

* Graduate Students and Undergraduates Students, who are the first and presenting author of a poster/talk, can find the form to register and apply for financial aid at http://www.maizegdb.org/maize_meeting/2010/

Payment Method:

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☐ Bill my organization (A valid purchase order must accompany registration.)

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Mail in completed form and payment to:

Maize Genetics Conference
MU Conference Office
348 Hearnes Center
Columbia, MO 65211 USA

E-mail completed form as an attachment to muconf4@missouri.edu

Register online with a credit card at the meeting website http://www.maizegdb.org/maize_meeting/2010/

Fax completed form with credit card information to: 1 (573) 882-1953

Phone in registration information to: 1 (573) 882-8320 or toll free 1-866-682-6663

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