52nd Annual Maize Genetics CONFERENCE
March 18-21, 2010 - Riva del Garda, Italy

STUDENT REGISTRATION & FINANCIAL AID APPLICATION

STUDENT FINANCIAL ASSISTANCE IS PROVIDED IN RETURN FOR HELPING STAFF THE REGISTRATION DESK.

Deadline is January 29, 2010

LAST NAME(SURNAME): _____ **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 _____

☐ **I herby certify that I am a Graduate Student OR an Undergraduate Student (who is the first & presenting author of a poster/talk) and am requesting financial aid. I am in the Department of** _____ _____ **at (***Name of Univ./Institution***)** _____

Advisor's Name _____ **Advisor's Telephone Number** _____

Advisor's email _____

I AM a U.S. Citizen or U.S. Permanent Resident ☐ **Yes** ☐ **No**(Specify Country)_____

If yes, then please answer the following questions for grant related data:

What is your gender? ☐ Male ☐ Female

What is your ethnicity? ☐ Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian ☐ Pacific Islander ☐ Other_____

Check the appropriate category and remit total enclosed. Registration is not complete without payment.

☐ Graduate Student	$550
☐ Undergraduate Student (first author)	$550
Pending Financial Aid Subsidy	- $450
Total Enclosed:	$ 100

(If fundraising efforts are as successful again this year as they have been in previous years, then all or part of the $100 payment will be refunded after the conference once attendance has been verified. The refund will go back to the credit card used to pay for registration.

Payment Method:

☐ ***Register Online*** using a credit card, accessible via http://www.maizegdb.org/maize_meeting/2010 and then complete the top part of this form and send as an ***E-mail Attachment*** to muconf4@missouri.edu

☐ Payment Enclosed (Make check or money order payable to University of Missouri. Funds must be drawn on U.S. bank.)

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

☐ ISE Enclosed (For University of Missouri personnel only) MO Code _____ Account Code _____
Dept Charged_____ Dept Address_____

☐ Credit Card: ☐MasterCard ☐ Visa ☐Discover *(For your security, do not email credit card numbers)*

Credit Card #_____ Expiration Date _____

Card Holder Name (please print) _____ Signature_____

Address if different from registrant_____

Mail in completed form and payment to:

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

Fax completed form with payment information to: (573) 882-1953 *Questions? Call (573) 882-8320 or toll free (866) 682-6663*

For Office Use Only <112863>

Customer ID#_____ Receipt #_____