



53rd Annual Maize Genetics Conference

March 17-20, 2011 • Pheasant Run Resort • St. Charles, IL

MEETING REGISTRATION FORM

REGISTRATION FEE CANNOT BE REFUNDED

LAST NAME (surname) _____ FIRST NAME _____

AFFILIATION _____

WORK MAILING ADDRESS _____

CITY _____ STATE / PROVIDENCE _____

COUNTRY _____ POSTAL CODE _____

TELEPHONE _____ 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 ☐ No Explain _____

Check one box and remit indicated registration fee. *Note: all participants must register even if no fee is paid.*

- ☐ Corporate participant: \$200
- ☐ Academic or government PI or lab head: \$200
- ☐ Postdoctoral associate: \$200
- ☐ **Late registration after January 31, 2011:** add \$50
- ☐ Graduate student: no fee*
- ☐ Undergraduate student (presenting a poster/talk): no fee*
- ☐ Retired / emeritus attendee: no fee

Total Amount \$ _____

* No charge for graduate students and undergraduates who apply for financial aid (you must fill out the information on the right side of this form).

Payment Method:

- ☐ 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):
Department Charged _____

MO Code _____ Account Code _____

- ☐ Credit Card: ☐ MasterCard ☐ Visa ☐ Discover

Credit Card # _____

Expiration Date _____

CVC (3-digit # on back of your card) _____

Card Holder Name (please print) _____

Authorized Signature _____

Address if different than registrant _____

For Office Use Only CEIS # 112864

Customer ID # _____ Receipt # _____

This section is required for students requesting financial aid only

- ☐ I have made my hotel reservation with Pleasant Run Resort.

I am in the Department of _____

at (name of Institution) _____

Advisor's name: _____

Advisor's email: _____

Advisor's telephone number: _____

Have you previously attended this conference? ☐ yes ☐ no

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 ☐ Hispanic
- ☐ African American ☐ American Indian
- ☐ Asian ☐ Native Hawaiian
- ☐ Alaskan Native ☐ Other _____
- ☐ Pacific Islander

Registration must be postmarked by **January 31, 2011** to be considered for financial aid.

Register by one of the following methods

Register online at meeting website, accessible via
http://www.maizegdb.org/maize_meeting/2011/

Email this completed form as an attachment to:
muconf4@missouri.edu

Mail in this completed form and payment to:

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

Fax this completed form to: 573-882-1953

Phone in registration to: 573-882-8320 or 1-866-682-6663