

MEETING REGISTRATION FORM



59th Annual

Maize Genetics CONFERENCE

March 9-12, 2017 - St. Louis, Missouri, USA

Last Name (surname) _____ First Name _____
Affiliation _____ Work Mailing Address _____
City _____ State/Province _____ Country _____ Postal Code _____
Telephone (_____) _____ Email (required for confirmation) _____

Do you prefer vegetarian meals? ☐ Yes ☐ No Do you prefer an electronic abstract book? ☐ Yes ☐ No, I want a printed book

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

☐ Yes ☐ No Explain _____

For Office Use Only CEIS # 127356

Customer ID # _____

Receipt # _____

Check one box and remit indicated registration fee which includes meals.

Note: All participants are expected to stay at the host hotel.

By January 22

After January 22

☐ Corporate participant:	\$750	\$950	\$ _____
☐ Academic or government PI or lab head:	\$750	\$950	\$ _____
☐ Postdoctoral associate:	\$650	\$750	\$ _____
☐ Retired/emeritus attendee:	\$450	\$550	\$ _____
☐ Graduate student:	\$200*	\$650	\$ _____
☐ Undergraduate student (presenting a poster/talk):	\$200*	\$650	\$ _____

Total Amount.....\$ _____

* Discounted charge for graduate students and undergraduates who apply (you must fill out the information below).

THIS SECTION IS REQUIRED IF YOU ARE REQUESTING THE STUDENT FINANCIAL AID.

☐ I have made my hotel reservation with the St. Louis Union Station by January 22, 2017.

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

How is your advisor funded? (check all that apply)

☐ NSF Plant Genome Research Project
☐ Other NSF grant(s)
☐ Other Federal grant(s)
☐ Not applicable (receives no U.S. federal funding)

How is your research funded? (check all that apply)

☐ NSF Plant Genome Research Project
☐ Other NSF grant(s)
☐ Other Federal grant(s)
☐ Not applicable (receives no U.S. federal funding)

Registration must be postmarked by **January 22, 2017** to be considered for financial aid.

Cancellation policy: Cancellations received in writing to muconf4@missouri.edu will receive a full refund until January 22, 2017. After January 22, 2017, a \$50 processing fee will be withheld and there will be no refunds after February 16, 2017. Students unable to attend, must email their cancellation by February 16, 2017 in order to receive a refund.

Register by one of the following methods

Register online at meeting website, accessible via http://www.maizegdb.org/maize_meeting/2017/

Mail in this completed form and payment to: Maize Genetics, MU Conference Office, 344 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

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): MO Code _____ Account Code _____
Department Charged _____

☐ Credit Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Card Holder Name (please print) _____ Authorized Signature _____

Address if different than registrant _____

Credit Card # _____ Expiration Date _____/_____/_____