



57th Annual

# Maize Genetics CONFERENCE

March 12-15, 2015 - St. Charles, IL, USA

## 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 and are expected to stay at the host hotel.**

- Corporate participant: ..... \$200
- Academic or government PI or lab head:..... \$200
- Postdoctoral associate:..... \$100
- Late registration after January 30, 2015:..... 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 (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  AMEX  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_/\_\_\_\_\_  
Card Holder Name (please print) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Address if different than registrant \_\_\_\_\_

### This section is required if you are requesting the student discount.

I have made my hotel reservation with Pheasant Run.

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 30, 2015 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/2015/](http://www.maizegdb.org/maize_meeting/2015/)

**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

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Customer ID # \_\_\_\_\_ Receipt # \_\_\_\_\_