

Plasmid Biology 2006

Stanford Sierra Conference Center, Fallen Leaf Lake, South Lake Tahoe, California

September 23-27, 2006

REGISTRATION FORM

Name and affiliation will appear on name badge. Print legibly or type. One form per registrant.

Name: _____
First Name MI Last Name (Surname)

Institution/Affiliation: _____

Address: _____
Street Address

_____ City State Zip Code Country

Phone: () _____ **Fax:** () _____
Please include area, city and country codes

Email: _____
Required for confirmation purposes, participation roster and receipt.

Registration Information

Last day to pre-register for the conference is Friday, September 15, 2006.

Registration Fee Per Person	By June 30, 2006	As of July 1, 2006	Total
<input type="checkbox"/> Registration Fee	\$1380	\$1480	\$
Registration fees include all lodging (arriving on 9/23, departing on 9/27), housekeeping, all meals during the conference, internet access, break services, and round trip transportation from the Reno-Tahoe Airport Bus drop-off point (at the Horizon Hotel, South Lake Tahoe, Nevada) Please note, each participant is assigned a bed but will share a bedroom and bathroom with three to five other participants.			
<input type="checkbox"/> Spouse Guest Fee *	\$480		\$
<input type="checkbox"/> Child Guest Fee (ages 3-12)*	\$180		\$
Total:			\$

Conference Questions

Do you require a vegetarian meal? Yes No

Do you have any special needs that will need accommodation? _____

Roommate Preference: _____

Email of roommate preference: _____

Payment Information

We do not accept Purchase Orders, nor do we issue invoices for conference registrations.
(All payments must be made in US Dollars)

- Enclosed is my check/money order made payable to "UC Regents"
- Any UC Campus Recharge Account (Include full DaFIS Acct, Sub Acct., Dept. Acct. Manager and phone number)
- Please charge my: VISA MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____

Name of Card Holder (as it appears on card) _____ *Signature of Card Holder _____

****Registration Form will not be processed without the signature of the cardholder.**

Three Ways to Register

1) Register On-Line

<http://conferences.ucdavis.edu/plasmidbiology>

Credit Card & UC Recharges only.

2) Register by FAX

Complete this form and FAX to:

(530) 752-5791

Credit Card Payments Only

3) Register by Mail

Mail completed form & payment to:

Conference & Event Services

Attn: Plasmid Biology

University of California, Davis

One Shields Avenue

442 Memorial Union

Davis, CA 95616

CANCELLATION POLICY:

Cancellations must be received in writing no later than **Friday, September 8, 2006.** Cancellations received prior to this date are usually processed after the conclusion of the conference and will be refunded minus a \$100 non-refundable administrative processing fee. Cancellations received after **Friday, September 8, 2006** will not be refunded.

Mail/Fax Cancellations to:

Conference & Event Services

Attn: Plasmid Biology

University of California, Davis

One Shields Avenue

442 Memorial Union

Davis, CA 95616

Fax: (530) 752-5791

Questions?

Contact: events@ucdavis.edu

Phone: (530) 752-0198

* For spouse and child registrations, space is available on a first come first serve basis. Advance notice is required and priority will be given to conference participants.

Registration Confirmation: Once your registration form has been processed, you will receive confirmation by e-mail. This confirmation will include an official University receipt (receipts will not be handed out on-site at the conference). If you have not received an e-mail confirmation ten (10) business days after submitting your registration form, please contact Conference & Event Services at (530) 752-0198 or events@ucdavis.edu to inquire on whether your registration form was received