

Registration Form 2005 Annual SE SETAC Meeting

Please print

Name: _____

Institution: _____

Mailing Address (include City, State and Zip Code):

Phone Number: __ (____) _____

Alternate Phone Number: __ (____) _____

E-mail: _____

(Note: Conference Confirmation will be sent by e-mail)

Please send a check for all registration fees payable to: Southeastern Chapter of SETAC
Please send the check and the registration form below to:

Dr. Jeff Zuiderveen
Columbus State University
Biology Dept.
4225 University Ave.
Columbus, GA 31907

Registration fees (please check the appropriate line):

SETAC SE Member (Before 12-17-04)	Nonmember and Late: (After 12-17-04)
Regular \$50 _____	Regular \$70 _____
Student \$35 _____	Student \$50 _____
Guest \$20 _____	Guest \$30 _____

ON-SITE DORM HOUSING (per person - 2 twin beds)	
Wed - Fri Nights (Workshop Participants)	Thurs and Fri Nights (Conference Only)
\$45 _____	\$30 _____

On-Site Meal Plan (3 meals/day - Breakfast only on Sat) (Per participant and per guest)	
Thurs - Sat (Workshop Participants)	Thurs Night, Fri and Sat (Conference Only)
\$46 _____	\$36 _____

Thursday Workshops: Estuarine Ecology (Limited to 40)	\$30 _____
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Total Fees: _____