DAPHNIA GENOMICS CONSORTIUM MEETING

January 17-19, 2006
Indiana University
Bloomington, Indiana

CONFERENCE REGISTRATION FORM *(please use one form per person)*

PREFERRED TITLE: _____
Mr. Mrs. Ms. Professor

NAME: _____
Family (Last) Name Given (First) Name

AFFILIATION (University or Company): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME TELEPHONE: _____

E-MAIL ADDRESS: _____

Registration Fees

	Before Dec. 1	After Dec. 1	TOTAL
EARLY	$125	$150	_____

Checks should be made payable to **Indiana University Conferences #26-06**

Please check which credit card you wish to charge: ❑ MasterCard ❑ VISA ❑ American Express ❑ Discover

Credit Card Number: _____ V-Code: _____ (3-4 digits on signature strip)

Expiration Date: _____ Signature: _____

Cancellations and Refunds: Registration fees will be refunded less a $15 processing fee, if the Registrar is notified in writing prior to January 6, 2006. After January 6, we cannot offer refunds, but would be happy to accept substitutes.

PLEASE RETURN THIS FORM TO:

Conference Registrar, IU Conferences, P.O. Box 5729, Bloomington, IN 47407