

AOU 2009 Meeting Registration Form

If you are unable to register electronically on the web at <http://www.birdmeetings.org/aou2009/>, please mail completed registration form and payment to: AOU 2009, OSNA Business Office, 5400 Bosque Blvd, Suite 680, Waco, Texas 76710-4446, USA. Registrations complete with purchase order or credit card information that are not accompanying an abstract submission can be faxed to: 254-776-3767. Please make checks payable in U.S. dollars and drawn on a U.S. bank to: **AOU2009**. Please print or type.

LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME FOR BADGE		
INSTITUTE OR ORGANIZATION		
DEPARTMENT OR FIRST ADDRESS LINE		
SECOND ADDRESS LINE		
CITY	STATE/PROVINCE	ZIP
COUNTRY		
E-MAIL	PHONE	FAX
SPECIAL DIETARY NEEDS		

Registration Fees (for the single person above; in U.S. dollars):

Professional (\$370.00 on or before 15 May 2009; \$470.00 between 16 May – 15 June 2009; \$590.00 after 15 June 2009) = _____

Student (\$210.00 on or before 15 May 2009; \$270.00 between 16 May – 15 June 2009; \$330.00 after 15 June 2009) = _____

Spouse/Guest (\$120.00 on or before 15 May 2009; \$155.00 between 16 May – 15 June 2009; \$190.00 after 15 June 2009) = _____

Spouse/Guest Name: _____

Welcome/Plenary (\$50. Admittance to the morning session only on Thursday, 13 August 2009.) = _____

Single-day (\$100. Please indicate which day you wil attend: Thursday, 13 August 2009; Friday, 14 August 2009; or Saturday 15 August 2009) = _____

Optional Event Tickets (in U.S. dollars and per person):

One Zoo Night ticket is included with a professional, student or spouse/guest registration.

Fellows Dinner _____ tickets@ \$45.00 USD per ticket= _____

Additional Zoo Night Ticket: Adults _____ tickets@ \$35.00 USD per ticket= _____

Additional Zoo Night Ticket: Children under 16 _____ tickets@ \$20.00 USD per ticket= _____

Closing Banquet: Professionals and Guests _____ tickets@ \$48.00 USD per ticket= _____

Menu Selection (One per ticket): _____ Sirloin, _____ Chicken Picatta _____ Linguini with Tofu and Vegetables

Closing Banquet: Students _____ tickets@ \$35.00 USD per ticket= _____

Menu Selection (One per ticket): _____ Sirloin, _____ Chicken Picatta _____ Linguini with Tofu and Vegetables

All-Out Ostrich Upoar _____ entries@ \$20.00 USD per entry= _____

T-shirt(s) (One per entry). Specify size: _____ Small, _____ Medium, _____ Large, _____ X-large

Field Trip Tickets (in U.S. dollars and per person):

Cape May Birding Trip 1 (Wednesday, 12 August, 0630-1800) _____ tickets@ \$110.00 USD per ticket= _____

Cape May Birding Trip 2 (Sunday, 16 August, 0630-1800) _____ tickets@ \$110.00 USD per ticket= _____

Bombay Hook Birding Trip 1 (Wednesday, 12 August, 0630-1800) _____ tickets@ \$110.00 USD per ticket= _____

Bombay Hook Birding Trip 2 (Sunday, 16 August, 0630-1800) _____ tickets@ \$110.00 USD per ticket= _____

Hawk Mountain Birding Trip (Sunday, 16 August, 0600-1800) _____ tickets@ \$110.00 USD per ticket= _____

Baltimore Canyon Pelagic Trip (Sunday, 16 August, 0200 - 2300) _____ tickets@ \$200.00 USD per entry= _____

Total in U.S. Dollars _____

Workshops:

Do you plan to attend either of the workshops on Wed., 12 Aug? (There is no additional cost, but indication of plans to attend would be helpful to the organizers.)

Yes, I plan on attending the Data Archiving Workshop

Yes, I plan on attending the Innovative Teaching Workshop

Career Status:

To assist conference organization, we ask registrants to indicate their status.

Amateur/other Doctoral student Early Professional

Masters student Professional, academic Professional, non-academic

Professional, retired Undergraduate student

Room Sharing Information:

Yes, I would like information about finding a roommate or available dorm rooms and understand that I will be contacted to make these arrangements.

Payment:

Amount Enclosed (Make checks payable in U.S. dollars and drawn on a U.S. bank to: **AOU2009**.)

Bill My Organization. (You must submit a purchase order.)

Credit Card Payment: Visa MasterCard American Express

NAME ON CARD _____

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

& Special Needs:

If you have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 254-776-3550 (All other countries) or contact via e-mail at helens@sgmeet.com