



# EB 2012

April 21 - 25

San Diego Convention Center, San Diego, CA



## Early Registration Deadline: February 23, 2012 (EST.)

Print and submit this form with payment or register on-line at [www.experimentalbiology.org](http://www.experimentalbiology.org)

Mail Form to: EB 2012 Registration Office, 9650 Rockville Pike, Bethesda, MD 20814-3998 OR

Fax to: 301-634-7008, Attention: Josie Leftwich

**THE REGISTRATION FEE DOES NOT INCLUDE FOOD, BEVERAGE, ABSTRACT SUBMISSION FEE OR HOTEL ACCOMMODATIONS**

Name: \_\_\_\_\_

Company/Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Numbers (office): \_\_\_\_\_ (cell): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Members/Student Members Registration Fees

- Member \$325
- Retired Member \$120
- Graduate Student Member \$ 75\*

### Check ALL societies in which you are a member

- |              |   |                                   |                                |                                |
|--------------|---|-----------------------------------|--------------------------------|--------------------------------|
| Anatomy      | <input type="checkbox"/> AAA            | <input type="checkbox"/> SBA      | <input type="checkbox"/> CSAS  |                                |
| Biochemistry | <input type="checkbox"/> ASBMB          | <input type="checkbox"/> ACS      |                                |                                |
| Nutrition    | <input type="checkbox"/> ASN            | <input type="checkbox"/> ADA      | <input type="checkbox"/> ASAS  | <input type="checkbox"/> ILSI  |
|              | <input type="checkbox"/> KNS            | <input type="checkbox"/> PhenHRIG |                                |                                |
| Pathology    | <input type="checkbox"/> ASIP           | <input type="checkbox"/> ACVP     | <input type="checkbox"/> ASMB  | <input type="checkbox"/> ISAMM |
|              | <input type="checkbox"/> ISBER          | <input type="checkbox"/> SCVP     | <input type="checkbox"/> SIP   |                                |
| Pharmacology | <input type="checkbox"/> ASPET          | <input type="checkbox"/> BPS      |                                |                                |
| Physiology   | <input type="checkbox"/> APS            | <input type="checkbox"/> AFMR     | <input type="checkbox"/> ALACF | <input type="checkbox"/> APPI  |
|              | <input type="checkbox"/> APS (Austrian) | <input type="checkbox"/> BMES     | <input type="checkbox"/> SBFis |                                |
|              | <input type="checkbox"/> MET            | <input type="checkbox"/> KPS      | <input type="checkbox"/> MCS   | <input type="checkbox"/> PSI   |
|              | <input type="checkbox"/> TPS            | <input type="checkbox"/> SMCF     | <input type="checkbox"/> SP    | <input type="checkbox"/> SEBM  |
|              | <input type="checkbox"/> TFBFD          |                                   |                                |                                |

### Nonmembers/Student Nonmembers

- Nonmember \$475
- Graduate Student Nonmember \$ 95\*

### Check only ONE discipline that best describes your area of interest

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Anatomical Sciences | <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Nutrition  |
| <input type="checkbox"/> Pathology           | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Physiology |

### \*Graduate Students must complete the following (please print):

Dept Head/Professor Name: \_\_\_\_\_

Dept Head/Professor Email: \_\_\_\_\_

Undergraduate Students, High School Students and High School Teachers must register at the meeting.

Are you a postdoc?  Yes  No

### SOCIETY TICKETED EVENTS - Visit [www.experimentalbiology.org](http://www.experimentalbiology.org) for details

If you wish to add events after you have registered, the events are available to purchase through the Registration Changes/Update page on [www.experimentalbiology.org](http://www.experimentalbiology.org) or contact [Leftwich@faseb.org](mailto:Leftwich@faseb.org).

### APS EVENTS - For APS Members and Nonmembers

- APS 125<sup>th</sup> Anniversary Beach Party, Saturday, April 21  
\$15 each x \_\_\_\_\_ = \$ \_\_\_\_\_
- APS 125<sup>th</sup> Anniversary Closing Party, Wednesday, April 25  
\$15 each x \_\_\_\_\_ = \$ \_\_\_\_\_

### ASBMB EVENTS

#### ASBMB Graduate/Postdoctoral Professional Development Program - Saturday, April 21

- ASBMB Members - \$25
- All other EB Registrants - \$35

#### ASBMB 5K Fun Run and Walk - Sunday, April 22

- ASBMB Members - \$25
- All other EB Registrants - \$35

As part of the Fun Run event registration, we need to collect the following additional information from each registrant:

Gender -  Male  Female Age on April 22, 2012 \_\_\_\_\_

Shirt Size:  Small  Medium  Large  X-Large

#### Professional Development Workshop for Students, Postdocs and Junior Faculty, sponsored by ASBMB - Tuesday, April 24

- ASBMB Members - Free
- All other EB Registrants - \$20

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**AFFILIATION - Check only one box below:**

University     Government     NIH     Non-profit     Industry     Other: \_\_\_\_\_

**METHOD OF PAYMENT** – Full payment must accompany your registration form. Enclose your check (made payable to **Experimental Biology 2012** in U.S. dollars drawn on a US bank only) or complete the credit card information below. Purchase orders will not be accepted.

Check     Visa     MasterCard     American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Your signature authorizes your credit card to be charged for the total payment above.

Print Card Holder Name \_\_\_\_\_

**REGISTRATION CANCELLATION:** Request for refunds must be made as written requests either through mail or email and received by **March 23, 2012**. Mail requests must include the registration receipt and should be mailed to: **EB 2012 Registration Office, 9650 Rockville Pike, Bethesda, MD 20814**. A cancellation fee of **\$50** will be deducted from the refund. Refunds will not be issued after **March 23, 2012**.