

Registration Form

2018 Biennial Meeting

American Society for Photobiology

12-15 May 2018 • Tampa Marriott Waterside Hotel and Marina

PREREGISTRATION DEADLINE 12 APRIL 2018

ASP Member Number: _____

Not a member yet, click [here](#).

Name for badge (First): _____ (Last) _____

Affiliation (for badge) (limit to 30 characters and spaces): _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ FAX: _____

Email (for confirmation): _____

If Registering-Companion Name: _____

REGISTRATION FEES (Mark Appropriate Box)

EARLY

LATE / AFTER 12 APRIL 2018

Meeting Registration Fees

Full Meeting Registration Fees includes all sessions, opening reception and coffee breaks

<input type="checkbox"/> Academic Member	\$ 430	\$ 530
<input type="checkbox"/> Industry Member	\$ 500	\$ 600
<input type="checkbox"/> Non-member	\$ 600	\$ 700
<input type="checkbox"/> Emeritus Member	\$ 215	\$ 315
<input type="checkbox"/> Associate Member (Includes events listed below)	\$ 300	\$ 350
<input type="checkbox"/> One Day ONLY <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues	\$ 225	\$ 325
<input type="checkbox"/> Companion (Opening Reception plus Breakfast Vouchers)	\$ 110	\$ 110
<input type="checkbox"/> ASP Societal Gala Dinner (Monday PM)	\$ 55	\$ 55

Associate Attendee Events (Only for attendees registering as Associate)

<input type="checkbox"/> ASP Societal Gala Dinner (Monday PM)	\$ 35	\$ 35
<input type="checkbox"/> Pizza Party (Sunday)	No Fee	No Fee
<input type="checkbox"/> Luncheon (Monday)	No Fee	No Fee
<input type="checkbox"/> Career Development Workshop (Monday)	No Fee	No Fee

PAYMENT INFORMATION - Government Requisitions are accepted for registration.

Check Payment: American Society for Photobiology, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101

Credit Card: VISA MasterCard American Express Discover

Card # _____ Exp. Date: _____ CV2# _____

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Signature: _____

Cardholder Phone: _____ Email Address (for receipt): _____

If FAXing registration form, (703) 790-2672
please do not mail the original.

Registration Section Total \$ _____

Attendee Events Total \$ _____

Federal Tax ID: 23-7179512

TOTAL FEES ENCLOSED \$ _____

Please check the box to confirm you have read and understand the Cancellation/Substitution Policies

Cancellation/Substitution Policy: Substitutions of meeting participants may be made at any time without penalty. All conference cancellations must be in writing and must reach the ASP Office by 12 April to receive a refund. All refunds will be issued after the meeting minus a 20% processing fee. Refunds will not be issued to no-shows.