American Society for Photobiology

6-7 April 2017 - San Diego

ASP Member Number: __ __ __ __ __

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

Affiliation (for badge) (limit to 18 characters and spaces):_____

Address: _____

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

Country:_____

Phone:_____ Fax: _____

Email (for confirmation): _____

PREREGISTRATION DEADLINE 6 MARCH 2017

REGISTRATION FEES: (Mark Appropriate Box)	**Registration Fees**
MEETING REGISTRATION FEES:	
❑ ASP Member *(includes meals, workshop)*	$100.00
❑ Non-Member *(includes ASP 2017 Full Membership-online only, includes meals, workshop)*	$220.00
❑ ASP Associate Member *(includes meals, workshop)*	$ 50.00
❑ Associate Level Non-ASP Member *(includes ASP 2017 Membership-online only, meals, workshop)*	$ 95.00

Would you like your name included on the Attendee List? ❑Yes ❑No

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PAYMENT INFORMATION - ***Government Requisitions are accepted for registration. ASP Tax ID: 23-7179512***

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

Cardholder's Information ❑VISA ❑ MasterCard ❑ American Express

Card Number _____ Exp. Date_____ CV2 _____

Credit Card Billing Address: _____

Cardholder Name:_____ Phone Number _____

Signature: _____ Email Address for receipt _____

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

Registration Section Total **$** _____

Attendee Events Total **$** _____

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 and tour cancellations must be in writing and must reach the ASP Office by **6 March** 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.