

Registration Form

2019 Presidential Symposium

American Society for Photobiology

9-10 May 2019 - Chicago, IL

PREREGISTRATION DEADLINE 10 APRIL 2019

ASP Member Number: _____

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): _____

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

MEETING REGISTRATION FEES (Mark Appropriate Box)

Includes meals

- | | |
|---|--------|
| <input type="checkbox"/> ASP Member | \$ 125 |
| <input type="checkbox"/> Non-Member (<i>includes ASP 2019 Full Membership-online only</i>) | \$ 250 |
| <input type="checkbox"/> ASP Associate Member | \$ 75 |
| <input type="checkbox"/> Associate Level Non-ASP Member (<i>includes ASP 2019 Associate Membership-online only</i>) | \$ 110 |

PAYMENT INFORMATION – Government Requisitions are accepted for registration.

Check Payment: American Society for Photobiology, 950 Herndon Parkway, Suite 450, Herndon, VA 20170

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 \$ _____

Federal Tax ID: 23-7179512

TOTAL \$ _____

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 10 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.