

MEETING REGISTRATION FORM

REGISTRATION FEE CANNOT BE REFUNDED

Last Name (surname)			First Name		
A	Affiliation		Work Mailing Address		
	ityState/l				
Te	Telephone ()Email (required for confirmation)				
Do you prefer vegetarian meals? ☐ Yes ☐ No					
Do you need any additional special arrangements for meals or facilities? If so, please explain.					
□ Yes □ No Explain					
	For Office Use Only CEIS # 125282	Customer ID#	Receipt	#	
to	neck one box and remit indicated registration fee. articipants must register even if no fee is paid and a stay at the host hotel. Corporate participant: Academic or government PI or lab head: Postdoctoral associate: Late registration after January 29, 2016: Undergraduate student: Undergraduate student (presenting a poster/talk): Detired (presenting attended)	\$200 \$200 \$100 \$100 \$100 \$100 \$100 \$100	Register by one of the fi Register online at meeting well http://www.maizegdb.org Mail in this completed form at Maize Genetics Conference 348 Hearnes Center, Column Fax this completed form to: 57	bsite, accessible via g/maize meeting/2016/ and payment to: e, MU Conference Office abia, MO 65211 USA 73-882-1953	
	Retired/emeritus attendee:		Phone in registration to: 573-8	882-832U or 1-866-682-6663	
* No charge for graduate students and undergraduates who apply (you must fill out the information below).					
	THIS SECTION IS REQUIRED IF YOU ARE REQUESTING THE STUDENT DISCOUNT.				
	If have made my hotel reservation with the Hyatt Regency acksonville. am in the Department of		What is your ethnicity? □ Caucasian □ Hispanic □ African American □ American Indian □ Asian □ Native Hawaiian □ Alaskan Native □ Other □ Pacific Islander How is your advisor funded? (check all that apply) □ NSF Plant Genome Research Project □ Other NSF grant(s) □ Other Federal grant(s) □ Not applicable (receives no U.S. federal funding) How is your research funded? (check all that apply) □ NSF Plant Genome Research Project □ Other NSF grant(s) □ Other Federal grant(s) □ Other Federal grant(s) □ Not applicable (receives no U.S. federal funding)		
	Payment Method: Payment Enclosed (Make check or money order payal University of Missouri. Funds must be drawn on U.S. Bill my organization (A valid purchase order must accompany registration.) ISE Enclosed (For University of Missouri personnel of Department Charged Account Code	bank.) only):	Credit Card #/_ Expiration Date/_ Card Holder Name (please p Authorized Signature	d □ Visa □ Discover □ AMEX orint) gistrant	