

The 26th Annual Symposium of The Protein Society

**August 5-8, 2012
San Diego, CA, USA**

Early Registration Deadline: June 4, 2012

Print and submit this form with payment, or register on-line at www.proteinsociety.org

MAIL Registration Form to: Protein Society Symposium Management Office, 9650 Rockville Pike, Bethesda, MD 20814

Or FAX to: 301-634-7008, Attention: Josie Leftwich

Name: _____

Company/Institute: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Numbers (office): _____ (cell): _____ Fax Number: _____

Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEMBERS

Please enter your Member ID Number: _____

- | | |
|---|--------|
| <input type="checkbox"/> Member Registration | \$320 |
| <input type="checkbox"/> Emeritus Member | \$232 |
| <input type="checkbox"/> Postdoctoral Member Registration | \$212* |
| <input type="checkbox"/> Graduate Student Member Registration | \$164* |

NEW MEMBERS

- | | |
|---|--------|
| <input type="checkbox"/> Registration & New Membership | \$496 |
| <input type="checkbox"/> Postdoctoral Registration & New Membership | \$300* |
| <input type="checkbox"/> Graduate Student Registration & New Membership | \$204* |

UNDERGRADUATE REGISTRATION

- | | |
|---|---------|
| <input type="checkbox"/> Undergraduate Student Registration | \$Free* |
|---|---------|
- (Please provide the name of a member attending the Symposium who can verify your status- See Page 2)

NONMEMBER REGISTRATION

- | | |
|---|---------|
| <input type="checkbox"/> Nonmember Registration | \$484** |
|---|---------|

*Please complete Student Eligibility on Page 2)

** Registration fee does not include membership

AFFILIATION – Check only one box below

- | | | |
|-------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> University | <input type="checkbox"/> Government | <input type="checkbox"/> NIH |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Industry | |

☐ Other (please specify): _____

SOCIETY EVENTS – Check below if you plan to attend:

Sunday, August 5

- ☐ Mentoring Committee Workshop: How to write an Effective Paper - \$10 Fee ***
- ☐ The Educators Luncheon - \$20 fee ***
- ☐ Lunch Open Forum: Alpha-synuclein - \$10 fee***
- ☐ Mix and Mingle

Monday, August 6

- ☐ Mentoring Committee Workshop: How to Give a Great Talk \$10 fee***
- ☐ Undergraduate Student Research Session - \$10 fee***
- ☐ Graduate Program Fair - \$100 (per table)
- ☐ Mix and Mingle

Tuesday, August 7

- ☐ Mentoring Committee Workshop: Career Panel - \$10 fee***
- ☐ Lunch Open Forum: NMR of Membrane Proteins***

The Protein Society Members Reception on Tuesday, August 7th is open to all members registered for the symposium. A coupon will be included in member badge packets. The coupon must be exchanged for an actual ticket on-site at the registration desk beginning Saturday, August 4. Registered members can purchase additional ticket for accompanying guest below.

- ☐ Yes, I plan to attend the 26th Symposium Reception on Tuesday
- ☐ Additional Reception Ticket
\$50 each x _____ = \$ _____

*** Light lunch provided

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STUDENT/POSTDOCS ELIGIBILITY (To be completed by Dept Head/Professor/Member)

☐ "I certify that the above-named student is presently enrolled at this university and working toward a degree in a related field".

☐ "I certify that the above-named postdoctoral fellow is working in my laboratory".

Dept Head/Professor/Member Name (please print)

University Name

Email Address

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

TOTAL REGISTRATION FEE \$ _____

☐ Check ☐ Visa ☐ MasterCard ☐ American Express

Card Holder Signature: _____

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

Please print card holder name: _____

Credit Card #: _____ Exp. Date: _____

Cancellations: Request for refunds must be made in writing and received by July 6, 2012. Badge and receipt must accompany the request (except for non-US registrants). Refunds cannot be made if badges are not received by the Society Office, or if postmarked after this date. A \$40 cancellation fee will be deducted from all registration payment refunds. No refunds will be issued for cancellations after July 6, 2012.

Please mail requests to The Protein Society Symposium Management Office, 9650 Rockville Pike, Bethesda, MD 20814.