REGISTRATION FORM

Association of College and University Biology Educators
(ACUBE)

47th Annual Meeting
October 9-11, 2003
Truman State University
Kirksville, MO

Biology for Contemporary Living

Name:  (Please print)  __________________________________________________________

Address:  _________________________________________________________________

City, State, Zip:  __________________________________________________________

Phone:  ___________________________  FAX: _________________________________

Email  _________________________________________________________________

REGISTRATION FEE: Includes meals Friday-Sat noon., refreshments at breaks, and field trips.

_____  $ 75  Regular Member
_____  $ 105  New Member (includes dues)
_____  $ 105  Non-Member
_____  $ 35  Non-Participating guest/spouse (meals only)
_____  $ 35  Student (Grad or Undergrad)

_____  TOTAL ENCLOSED (Please make checks payable to ACUBE)
(For those registering on-site a $10 handling fee will be charged.)

FIELD TRIPS:  Indicate the field trip(s) you plan to attend. Space is limited, register early!

_____  Pre-conference crinoid fossil collecting trip to local quarry (Thurs. afternoon Oct. 9)
_____  Birding trip (Friday morning, Oct. 10)
_____  Restored prairie trip (Friday afternoon, Oct. 10)
_____  Post-conference trip featuring open-air flea market, fowl and the Mennonite store (Sat., Oct 11)

SPECIAL NEEDS:
If you have any special dietary or other needs that you would like the meeting organizers to know about, please explain in the space below:

Please mail this form and payment by September 10 to:

Dr. Nancy Sanders,  ACUBE Local Arrangements
Division of Science,  Truman State University, 100 E. Normal, Kirksville, MO  63501
Phone:  660-785-4619        Fax:  660-785-4045        Email:  nsanders@truman.edu

Meeting Registration

Bioscene  37