

Participant Registration Form
VIRGINIA ACADEMY OF SCIENCE
85th ANNUAL MEETING
THURSDAY, MAY 24 – SATURDAY, MAY 26, 2007
James Madison University • Harrisonburg, Virginia

Please duplicate this form as needed for each registrant

Print clearly in black ink.

Suffix: _____ Last Name: _____ First Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Affiliate School / Organization: _____

E-mail: _____

Home phone: (____)____-____ Fax: (____)____-____

Work phone: (____)____-____

Do you have a disability for which you need assistance? Yes* _____ No _____

*If yes, describe the assistance you need _____

Pre-registration deadline May 1, 2007 (*Registration includes all sessions*)

Registration options (Select one)

On-Site registration fees will be \$60 for Standard members, \$27 for Students

- Standard pre-registration fee \$50.00 \$ _____
- Student pre-registration fee \$22.00 \$ _____
must have a valid student ID# to qualify

Total Registration \$ _____

On-campus Lodging Rates

- Please circle night(s): W, Th, F
- Residence Hall Room – Single Occupancy \$35.00 x _____ nights \$ _____

Total Lodging Package \$ _____

Other

- Cafeteria Lunch – Friday, May 25 11:00 AM – 1:00 AM \$6.50 \$ _____
- VAS Banquet – Friday, May 25 7:30 PM – 9:00 PM \$25.00 \$ _____
- Spouse ticket \$25.00 \$ _____
- Do you require a vegetarian meal?* Yes No *Spouse?* Yes No

Total Other \$ _____

SUM of Total Registration, Lodging, and Other \$ _____

YOU MUST BE A MEMBER TO PRESENT A PAPER OR POSTER. MEMBERSHIP FORMS ARE AVAILABLE AT [HTTP://WWW.VACADSCI.ORG/](http://www.vacadsci.org/)

Payment method:

Make checks payable to James Madison University. (JMU's Federal ID# 54-6001756)

Enclosed is my payment of \$ _____ **TOTAL**

I understand that this fee is nonrefundable after May 1, 2007.

Signature: _____

Please return this form and payment by check or money order to:
Attn: VJAS 2007, Events & Conferences, MSC 3501, Harrisonburg, VA 22807