

# Registration Form

## Joint Conference on the Science and Restoration of the Greater Everglades and Florida Bay Ecosystem

PLEASE PRINT

Project #0304

Name of Attendee: (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 Organization: \_\_\_\_\_ Dept./Div.: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Registration Fee:** The registration fee will allow each registrant to receive one copy of the combined book of abstracts, conference materials, and attendance at all sessions throughout the week. Hors d'oeuvres and refreshments will be provided at the Sunday Welcome Social, at the Tuesday & Thursday Poster Session Receptions and during the Wednesday evening networking reception. Registered participants will also enjoy early morning refreshments, as well as daily mid-morning and afternoon breaks. The guest and child registration fees include full attendance at all conference meal functions. Guests will not receive a copy of the conference abstracts.

*All figures are presented in US dollars (\$).*

REGISTRATION FEES: <i>All fees must be paid in US Dollars</i>	Register by March 14, 2003	Register by April 1, 2003	Register after April 1, 2003	Please check the days you will be attending the conference: (check all that apply)
<b>Meeting Attendee Fee</b>	<input type="checkbox"/> US \$250	<input type="checkbox"/> US \$350	<input type="checkbox"/> US \$375	<input type="checkbox"/> Monday (4/14)
<b>Student Attendee Fee</b>	<input type="checkbox"/> US \$150	<input type="checkbox"/> US \$250	<input type="checkbox"/> US \$275	<input type="checkbox"/> Tuesday (4/15)
<b>Spouse/Guest Fee</b> Name: _____	<input type="checkbox"/> US \$150	<input type="checkbox"/> US \$250	<input type="checkbox"/> US \$275	<input type="checkbox"/> Wednesday (4/16)
<b>Child Fee (12 years old &amp; under)</b> Name: _____ Age: _____	<input type="checkbox"/> US \$75	<input type="checkbox"/> US \$100	<input type="checkbox"/> US \$125	<input type="checkbox"/> Thursday (4/17)
Name: _____ Age: _____	<input type="checkbox"/> US \$75	<input type="checkbox"/> US \$100	<input type="checkbox"/> US \$125	<input type="checkbox"/> Friday (4/18)
<b>\$ _____ Total amount enclosed</b> <i>Payable to UFLEF</i>	<b>NOTE:</b> To qualify for the early reduced or regular registration fee, payment must accompany your registration and be post-marked on or before the specified deadline.			Which segment of the conference is of primary interest to you? <input type="checkbox"/> Florida Bay <input type="checkbox"/> Greater Everglades <input type="checkbox"/> BOTH
<b>Mode of Transportation to the Conference:</b> <input type="checkbox"/> Air <input type="checkbox"/> Ground		Date and time of arrival at the conference: _____ Date and time of departure from the conference: _____		

Please make check, money order, or purchase order payable to:  
**Univ. of FL Leadership & Education Foundation, Inc. (UFLEF)**  
*(U.S. currency ONLY)* Fed. ID: 59-3104978

Mail this form with payment to: **Joint Science Conference**  
 IFAS Office of Conferences & Institutes  
 University of Florida  
 P. O. Box 110750  
 Gainesville, FL 32611-0750 USA

-OR-  
 FAX registration form to the UF/IFAS Office of Conferences & Institutes  
 at (352) 392-9734. [Phone: 352-392-5930]

Charge my:  VISA  Master Card  American Express  Discover

Credit Card #: \_\_\_\_\_




Expiration date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**Journal Transfer Payments are not accepted.**


### REGISTER IN ONE OF THREE EASY WAYS:

-  1) Pay by Credit Card and **REGISTER ONLINE** at: [www.conference.ifas.ufl.edu/jc](http://www.conference.ifas.ufl.edu/jc)
-  2) Pay by Credit Card and **FAX** this form to OCI at **1-352-392-9734**.
-  3) Pay by Check, Credit Card or Money Order and **Mail** this Form to OCI as indicated above.

**Note:** If making payment for multiple meeting registrants, please submit a registration form for each meeting attendee and list all names on the form of payment. This will ensure proper crediting for each registrant.

**Registration Confirmation:** Formal written confirmation and a hard copy of your receipt will be mailed to you within 10 working days after receiving your completed registration form and appropriate payment.

**Refunds:** Requests for registration refunds will be honored if the Office of Conferences & Institutes receives a written notification of cancellation on or before April 1, 2003. A \$50.00 processing fee will be deducted from all registration refunds. Sorry, no refunds will be honored for cancellations after April 1, 2003.

 **Special Needs:** Participants with special needs can be reasonably accommodated by contacting the Office of Conferences & Institutes at least 10 working days prior to the conference. We can be reached by phone at 1-352-392-5930, by FAX at 1-352-392-9734, or by calling 1-800-955-8771 (TDD). The TDD number can only be accessed from within the State of Florida.

**OFFICE USE ONLY** Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ PO #: \_\_\_\_\_ Money Order: \_\_\_\_\_ Amount Received: \_\_\_\_\_