

M&M 2010 Attendee Registration Form

Instructions

1. Be sure to complete both pages of this registration form.
2. Please print all information.
3. Use separate form for each attendee registration.
4. To avoid duplicate charges, do not mail form after faxing.
5. Payment must be in U.S. Dollars.
6. Faxed forms without valid credit card information WILL NOT be processed.
7. Only registrations with FULL payment will be processed. NO EXCEPTIONS.
8. Deadline to register with Advance Discount is June 21, 2010 (fax must be date-stamped and mail must be postmarked June 21 or earlier).
9. After July 23, please bring form with you to register on-site.
10. **CANCELLATION POLICY:** Refund requests will be honored (less \$55 processing fee) if received in writing by July 14, 2010. E-mail MMRegistration@conferencemanagers.com or fax (703) 964-1246. No refunds will be given after July 14, 2010.

PLEASE NOTE: No-shows, including, but not limited to, cancelled/delayed travel and/or inability to enter the US, are non-refundable. Refunds will NOT be given for social event tickets.

11. All paid registrations (excluding Exhibit Hall Only) include access to the scientific sessions.
12. Program Cancellation: In the unlikely event of conference cancellation, MSA will refund 100 percent of registration fees paid. MSA assumes no liability for any penalty fees on airline tickets, deposits for hotel accommodations, or any other fees, charges, penalties, or other incidental costs that a registrant might incur as a consequence of cancellation.

FOR ADDITIONAL INFORMATION, CONTACT:
Conference Registration at (703) 964-1240 x17 or MMRegistration@conferencemanagers.com

ONLINE:
Register online at <http://www.microscopy.org> (available February 1, 2010)

FAX:
Fax your registration form with credit card payment information to (888) 251-3234.

MAIL:
Mail completed form with credit card information or check to:
M&M 2010 Registration
11260 Roger Bacon Drive, Suite 500
Reston, VA 20190

Step 1 – Attendee Information

| | | | |
|--|----------------|-------------------------------------|-------------------|
| | | | |
| MSA Member ID | MAS Member ID | IMS Member ID | MSC/SMC Member ID |
| First Name | | MI | Last Name |
| Job Title/Degree(s) | | Affiliation/University/Company | |
| Email Address (<i>REQUIRED-confirmations will be sent via email</i>) | | | |
| Address | | | |
| City | State/Province | Zip/Postal Code | Country |
| Phone (country code/area code/number) | | Fax (country code/area code/number) | |

- I require special accommodation due to disability, health concerns, or physical challenges to fully participate in the M&M meeting. I have attached a written description of my needs.
- Check if you do not wish to have your email and mailing address shared with our exhibitors and sponsors. (Phone and fax numbers are never shared.) Checking this box will prevent receipt of hospitality event and extra-curricular educational invitations.

Step 2 – Conference Registration

| | EARLY RATE <i>On or before June 21</i> | REGULAR RATE <i>June 22 – July 31</i> |
|---|---|--|
| <input type="checkbox"/> In-Meeting Intensive Workshop—Member Rate | \$890 | \$1000 |
| <input type="checkbox"/> In-Meeting Intensive Workshop—Non-Member Rate | \$1000 | \$1135 |
| <input type="checkbox"/> In-Meeting Intensive Workshop—Student Rate <i>(Includes FULL MEETING registration + one workshop; check below. See Call for Papers for details.)</i> | \$670 | \$670 |
| All workshops run from 1PM – 5PM, Monday through Thursday. Please check the workshop you will attend (<i>check only one</i>): | | |
| <input type="checkbox"/> X-22 Basic Confocal Light Microscopy <input type="checkbox"/> X-23 Introduction to SEM Imaging and X-ray Compositional Analysis <input type="checkbox"/> X-24 Nanomaterial Microscopy & Microanalysis: Tools and Preparation | | |
| <input type="checkbox"/> Member or [] Invited Speaker (Full Meeting) | \$390 | \$500 |
| <input type="checkbox"/> Non-Member (Full Meeting) | \$500 | \$610 |
| <input type="checkbox"/> Student Member (Full Meeting)* <i>Proof of student status required.</i> | \$170 | \$170 |
| <input type="checkbox"/> Student Non-Member (Full Meeting)* <i>Proof of status required. No proceedings or Sunday Reception ticket.</i> | \$170 | \$170 |
| <input type="checkbox"/> Emeritus Member (Full Meeting) <i>No proceedings or Sunday Reception ticket.</i> | \$170 | \$170 |
| <input type="checkbox"/> Partial Meeting One Day Only <i>No proceedings or Sunday Reception ticket.</i> | \$220 | \$220 |
| Specify day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs | | |
| <input type="checkbox"/> Exhibit Hall Only Pass <i>No proceedings, Sunday Reception ticket, or access to sessions.</i> | \$25 | \$25 |

* I wish to apply for a student bursary and will be expected to work up to 20 hours during the meeting and/or pre-meeting events. Please contact me with details.

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Step 3 – Pre-Meeting Registration

Member rates apply to members of all sponsoring societies (see box in Step 1). Programs listed below are **NOT** included in any conference registration package.

EARLY RATE
On or before June 21

REGULAR RATE
June 22 – July 31

SHORT COURSES

Sunday Only—Full Day, 8:30 am – 5 pm

MEMBER
Early/Regular*
*see above

NON-MEMBER
Early/Regular*
*see above

Biological Sciences

| | | |
|--|-------------|-------------|
| <input type="checkbox"/> X10 Cryo-preparation for TEM | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X11 Immunolabeling Technology for Light and Electron Microscopy | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X12 3D Electron Microscopy of Macromolecular Assemblies | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X13 Live Cell Imaging Using Fluorescence Methods | \$160/\$230 | \$180/\$260 |

Multi-Disciplinary

| | | |
|---|-------------|-------------|
| <input type="checkbox"/> X14 Electron Tomography in Life and Material Sciences | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X15 Scientific Digital Imaging: Ethics and Execution | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X16 Imaging and Analysis with Variable Pressure or Environmental SEM | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X17 Scanning Cathodoluminescence Microscopy and Spectroscopy | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X18 Advanced Topics in the Theory and Use of Focused Ion Beam Tools | \$160/\$230 | \$180/\$260 |

Physical Sciences

| | | |
|--|-------------|-------------|
| <input type="checkbox"/> X19 High-Resolution TEM and STEM | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X20 Microstructural Analysis Techniques and Interpretation for Electronic Devices | \$160/\$230 | \$180/\$260 |
| <input type="checkbox"/> X21 Microscopy and Nanochemical Characterization | \$160/\$230 | \$180/\$260 |

Step 4 – Optional Fees and Guest Badge

- IMS Awards Banquet** (Wednesday, August 4) # Tickets _____ @ \$65/person = \$ _____
- Sunday Reception Ticket** – Additional # Tickets _____ @ \$70/person = \$ _____
(one ticket is included in all full member, full non-member & student member registrations)
- Child's Reception Ticket** (ages 3 – 11; under 3 free) # Tickets _____ @ \$15/child = \$ _____
- Proceedings CD/DVD** – Additional # CDs _____ @ \$25/CD = \$ _____
(one proceedings CD/DVD is included in all full member, full non-member & student member registrations)
- M&M 2010 Polo Shirt** # Shirts _____ @ \$25/shirt = \$ _____

Pre-orders must be received by **June 22**. A limited number of shirts will be sold onsite in Portland.

Shirt Size (indicate quantity of each size): S M L XL XXL

Spouse/Guest Name _____

Spouse/Guest Affiliation _____

Step 5 – Payment Information

- Enclosed is my check for \$ _____ in U.S. Dollars, payable to M&M 2010 (see **Grand Total** in chart).

(Checks will be processed electronically. If you do not want your check converted electronically, please select another method of payment, e.g. credit card.)

MSA's Federal Tax ID # is 116-042-333.

| TOTAL FEES | Member Early/Regular* | Non-Member Early/Regular* |
|------------------------------------|-----------------------|---------------------------|
| Total Step 2 | | |
| Total Step 3 | | |
| Total Step 4 | | |
| Grand Total (add steps 2-4) | | |

- Please charge my credit card: (check one) AmEx Visa MasterCard

Card # _____ Exp Date _____

Name on Card (please print) _____ Billing Address _____

Authorized Signature _____ Billing Address _____

Your signature authorizes your credit card to be charged for the total payment due. We reserve the right to charge the correct amount if different from the total listed.