

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 15, 2009 (fax must be date-stamped and mail must be post-marked June 15 or earlier).
9. After July 21, 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 9, 2009. Email MMRegistration@conferencemanagers.com or fax (703) 964-1246. **No refunds will be given after July 9, 2009.**
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://MM2009.microscopy.org> (available February 2, 2009)

FAX: Fax your registration form with credit card payment information to (703) 964-1246.

MAIL: Mail completed form with credit card information or check to: M&M 2009 Registration
11260 Roger Bacon Drive,
Suite 500
Reston, VA 20190

STEP 1 ATTENDEE INFORMATION

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MSA Member ID MAS Member ID IMS Member ID

First Name MI Last Name

Title/Degree(s) Affiliation/University/Company

Email Address (REQUIRED-confirmations will be sent via email)

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

Member rates apply to members of all sponsoring societies (see box in STEP 1). Optional events in Steps 3-4 are NOT included in any conference registration package and must be purchased separately. Partial-day registration can be used for one day; two or more days require full meeting registration. (Conference Proceedings and Sunday Reception Ticket are included unless otherwise indicated.)

<i>Check the box next to your selection</i>	EARLY On or before June 15	REGULAR June 16-July 21	Total
<input type="checkbox"/> In-Meeting Intensive Workshops <i>(Includes FULL MEETING registration and one workshop; check below. See Call for Papers for details.)</i>	\$850	\$950	\$ _____
Please check which you will attend (check only one):			
<input type="checkbox"/> X20 Basic Confocal Light Microscopy			
<input type="checkbox"/> X21 Introduction to SEM Imaging and X-ray Compositional Analysis			
<input type="checkbox"/> X22 Nanomaterial Microscopy & Microanalysis: Tools and Preparation			
<input type="checkbox"/> X23 High-resolution TEM			
<input type="checkbox"/> Member or <input type="checkbox"/> Invited Speaker (Full Meeting)	\$370	\$475	\$ _____
<input type="checkbox"/> Non-Member (Full Meeting)	\$475	\$580	\$ _____
<input type="checkbox"/> Student Member (Full Meeting)* <i>proof of student status req'd.</i>	\$160	\$160	\$ _____
<input type="checkbox"/> Student Non-Member (Full Meeting)* <i>no proceedings or Sunday Reception ticket</i>	\$160	\$160	\$ _____
<input type="checkbox"/> Emeritus Member (Full Meeting) <i>no proceedings or Sunday Reception ticket</i>	\$160	\$160	\$ _____
<input type="checkbox"/> Partial Meeting One Day <i>no proceedings or Sunday Reception ticket</i> Specify Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu	\$185	\$210	\$ _____
<input type="checkbox"/> Exhibit Hall Only Pass:	\$25	\$25	\$ _____

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

TOTAL STEP 2 \$ _____

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.

SHORT COURSES SUNDAY ONLY – FULL DAY	Member Early/Regular* *See Above	Non-Member Early/Regular* *See Above	Total
<input type="checkbox"/> X10 Electron Tomography in Life and Material Sciences	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X11 Cryo-preparation and Immuno-Labeling for TEM	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X12 Digital Imaging 102: Image Processing and Analysis	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X13 Digital Imaging 101: Scientific Imaging with Photoshop	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X14 Focused Ion Beam Methods	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X16 Imaging and Analysis with Variable Pressure or Environmental SEM	\$150/\$220	\$175/\$245	\$_____
<input type="checkbox"/> X17 Interpretation of Microstructures: 101 and Beyond	\$215/\$285	\$250/\$285	\$_____
TOTAL STEP 3			\$_____

STEP 4 SOCIAL EVENT FEES & GUEST BADGE

IMS Awards Banquet (Wednesday 7/29/09)

Tickets _____ @ \$60/person = \$_____

Sunday Reception Ticket - Additional

Tickets _____ @ \$65/adult = \$_____

(one ticket included in all full member, full non-member & student member registrations)

Child's Reception Ticket (ages 3-11; under 3 free)

Tickets _____ @ \$15/child = \$_____

TOTAL STEP 4 \$_____

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

STEP 5 PAYMENT INFORMATION

Enclosed is my check for \$_____ in U.S. Dollars, payable to M&M 2009 (see Grand Total above).
 Please charge my credit card: (check one) AmEx Visa MasterCard

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

Card # _____ Exp Date _____

Name on Card (please print) _____ Billing Address _____

Authorized Signature - 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. _____ Billing Address _____

MSA's Federal ID and tax-exempt # is 116-042-333.