



Registration form

Society for Industrial Microbiology

30th Symposium on Biotechnology for Fuels and Chemicals

May 4-7, 2008

Astor Crowne Plaza, New Orleans, LA

Symposium website: <http://www.simhq.org/meetings/30symp/index.html>

Advance registration applications must be received by **April 4, 2008**. All participants, including invited speakers, are required to register and pay the registration fee. Receipts will be mailed to those who preregister on or before **April 4**. Cancellations received in *writing* prior to **April 4** will be refunded less a \$75 administrative service fee. **No refunds will be made after this date.** Substitutions may be made at any time.

Name: _____ Tel: _____

Name for badge: _____ Fax: _____

Affiliation: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip+4: _____ Country: _____

Name of Guest (no charge if not attending sessions): _____

Emergency contact (name and telephone): _____

Do you have any special needs? Please explain. _____

Are you with: Government Industry Academia

Are you a speaker? yes no

Presenting a poster? yes no

Are you willing to review up to 3 manuscripts for the Proceedings yes no

Please Note: *Conference fee* includes welcome reception, continental breakfasts, daily refreshments, poster receptions, conference banquet, conference proceedings and materials. **One day and student registration do NOT receive proceedings.**

MEETING REGISTRATION FEES	SIM MEMBER	NON-MEMBER	
Full Conference Registration	\$475.00	\$575.00	\$ _____
Student Registration (valid ID required)	\$200.00	\$200.00	\$ _____
One Day Registration (does not include banquet)	\$275.00	\$325.00	\$ _____
Day attending (please circle one): Sun Mon Tues Wed			
Extra Banquet Ticket		70.00	\$ _____

****AFTER APRIL 4 add \$50 TO ALL CATEGORIES****

PROCEEDINGS FORMAT (Full registrants only) Hard copy DVD

SPECIAL FUNCTIONS SIGN-UP

Sun., May 4 Welcome Reception I will attend. I will not attend.
Wed., May 7 Reception and Banquet I will attend. I will not attend.

TOTAL AMOUNT ENCLOSED \$ _____

Charge my: MC VISA AMEX

Card Number: _____

Exp. date: _____

Signature: _____

Payment enclosed (US Dollars).

Make checks payable to the Society for Industrial Microbiology.

Send to: Society for Industrial Microbiology, 3929 Old Lee Highway, Suite 92A, Fairfax, VA 22030-2421
(T) 703-691-3357, ext. 24; (F) 703-691-7991; (E) meetings@simhq.org; (W) www.simhq.org