55th Annual Maize Genetics Conference

March 14-17, 2013 • Pheasant Run Resort • St. Charles, IL

MEETING REGISTRATION FORM

REGISTRATION FEE CANNOT BE REFUNDED

LAST NAME (surname) _____ FIRST NAME _____

AFFILIATION _____

WORK MAILING ADDRESS _____

CITY _____ STATE/PROVIDENCE _____

COUNTRY _____ POSTAL CODE _____

TELEPHONE _____ E-MAIL(required for confirmation) _____

Do you prefer vegetarian meals? ❑ Yes ❑ No

Do you need any additional special arrangements for meals or facilities? If so, please explain.
❑ Yes ❑ No Explain _____

Check one box and remit indicated registration fee. ***Note: all participants must register even if no fee is paid.***

- ❑ Corporate participant: $200
- ❑ Academic or government PI or lab head: $200
- ❑ Postdoctoral associate: $100
- ❑ **Late registration after January 31, 2013: ..... add $50**
- ❑ Graduate student: ..... no fee*
- ❑ Undergraduate student *(presenting a poster/talk)*: ..... no fee*
- ❑ Retired / emeritus attendee: ..... no fee

Total Amount ..... $_____

* No charge for graduate students and undergraduates who apply for financial aid *(you must fill out the information on the right side of this form)*.

Payment Method:

- ❑ Payment Enclosed *(Make check or money order payable to University of Missouri. Funds must be drawn on U.S. bank.)*
- ❑ Bill my organization *(A valid purchase order must accompany registration.)*
- ❑ ISE Enclosed *(For University of Missouri personnel only):*
  Department Charged _____
  MO Code _____ Account Code _____
- ❑ Credit Card: ❑ MasterCard ❑ Visa ❑ Discover
  Credit Card # _____
  Expiration Date _____
  CVC (3-digit # on back of your card) _____
  Card Holder Name *(please print)* _____
  Authorized Signature _____
  Address if different than registrant _____
  _____

For Office Use Only CEIS # 119066

Customer ID # _____ Receipt # _____

This section is required for students requesting financial aid only

❑ **I have made my hotel reservation with Pheasant Run.**

I am in the Department of _____

at *(name of Institution)* _____

Advisor's name: _____

Advisor's email: _____

Advisor's telephone number: _____

Have you previously attended this conference? ❑ yes ❑ no

I am a U.S. Citizen or U.S. Permanent Resident
❑ yes ❑ no (Specify Country) _____

If yes, then please answer the following questions for grant related data.

What is your gender? ❑ Male ❑ Female

What is your ethnicity?

- ❑ Caucasian
- ❑ African American
- ❑ Asian
- ❑ Alaskan Native
- ❑ Pacific Islander
- ❑ Hispanic
- ❑ American Indian
- ❑ Native Hawaiian
- ❑ Other _____

Registration must be postmarked by January 31, 2013 to be considered for financial aid.

Register by one of the following methods

Register online at meeting website, accessible via
http://www.maizegdb.org/maize_meeting/2013/

Email this completed form as an attachment to:
muconf4@missouri.edu

Mail in this completed form and payment to:
Maize Genetics Conference, MU Conference Office
348 Hearnes Center, Columbia, MO 65211 USA

Fax this completed form to: 573-882-1953

Phone in registration to: 573-882-8320 or 1-866-682-6663