



ADVANCE REGISTRATION FORM

American Crystallographic Assn. Annual Meeting July 17 - 22, 2004

Family Name _____

First Name _____

Dept. _____

Inst. _____

Box/Apt.# _____

Street _____

City _____

State/Prov. _____

Zip/Postal Code _____

Country _____

Telephone _____

Fax _____

E-mail _____

Registration forms must be postmarked or received on or before June 1, 2004, to qualify for advance registration fee. After June 1, registration will be accepted at the higher rate. On-site registration will also be available at the higher rate. Cancellations and/or requests for refunds should be made in writing and submitted to ACA Headquarters. For cancellations received before June 1, 2004, 100% of the total remittance will be refunded. Requests received between June 2 and June 30, 2004, will be honored minus 50% of the total remittance. Fees will not be refunded for requests received on or after July 1, 2004.

***Increment charged to non-member registration may be credited toward new member dues for 2004 by submitting a membership application form with the registration form.**

All prices are listed in U.S. dollars and must be submitted in U.S. dollars. Purchase orders will not be accepted. Only U.S. checks, VISA, MasterCard and American Express payments will be accepted. ACA, E.I.N. 22-6075182.

Please make checks payable to ACA and mail to:

ACA Meeting Registration
P.O. Box 96 Ellicott Station
Buffalo, NY 14205-0096 USA

Forms submitted via fax
must include credit card payment information.

Fax: (716) 852-4846
E-mail: aca@hwi.buffalo.edu
Telephone: (716) 856-9600 ext. 379

REGISTRATION

	Before June 1	After June 1
<input type="checkbox"/> Regular Member	\$330	\$421
<input type="checkbox"/> Retired Member	\$137	\$182
<input type="checkbox"/> Postdoc Member	\$171	\$239
<input type="checkbox"/> Student Member	\$137	\$182
<input type="checkbox"/> AACG Member	\$330	\$421
<input type="checkbox"/> Nonmember*	\$444	\$535
<input type="checkbox"/> Postdoc Nonmember*	\$228	\$296
<input type="checkbox"/> Student Nonmember*	\$182	\$228
<input type="checkbox"/> One-day Member	\$165	\$211
_Sun _Mon _Tues _Wed _Thurs		
<input type="checkbox"/> One-day Nonmember*	\$330	\$421
_Sun _Mon _Tues _Wed _Thurs		
Are you an invited speaker? If yes, list session number _____		
REGISTRATION TOTAL \$ _____		

WORKSHOPS

<input type="checkbox"/> WK01 : MAD/SAD Students-\$140 Others-\$160	<input type="checkbox"/> WK04 : GM/CA- Synchrotrons Students-\$60 Others \$80
<input type="checkbox"/> WK02 : Small Molecule Cr No charge	<input type="checkbox"/> WK05 : APS/IPS Tour Students-\$40 Others-\$60
<input type="checkbox"/> WK03 : CCP4/PDB Students-\$80 Others-\$100	
WORKSHOP TOTAL \$ _____	

SOCIAL PROGRAM

Opening Reception - Saturday, July 17	
No Fee for Registered Participants <input type="checkbox"/> Will Attend <input type="checkbox"/> Won't Attend	
<input type="checkbox"/> Guest ticket \$30 ticket # of guest tickets _____	
YSSIG Mentor/Mentee Dinner - Sunday, July 18	
<input type="checkbox"/> Mentee \$10 ticket # of tickets _____	<input type="checkbox"/> Mentor \$10 ticket # of tickets _____
YSSIG Mixer - Monday, July 19	
No Fee for Registered Students, Postdocs, Young Scientists	
<input type="checkbox"/> Will Attend <input type="checkbox"/> Won't Attend	
All others \$10 <input type="checkbox"/> # of tickets _____	
Awards Banquet - Wednesday, July 21	
<input type="checkbox"/> \$55 ticket # of tickets _____	<input type="checkbox"/> \$25 student ticket # of tickets _____
Entree choice: ___ Beef ___ Chicken ___ Vegetarian	
SOCIAL TOTAL \$ _____	

PAYMENT METHOD

Check (U.S. only) VISA MasterCard American Express

Credit Card Number
____/____/____ - ____/____/____ - ____/____/____ - ____/____/____

Good thru/ Print name of
exp date ____/____ of card holder _____

Authorized Signature
of Card Holder _____

TOTAL REMITTANCE \$ _____