

Registration Form for non-credit card payments

Instructions: Please print this form, complete all fields and mail with payment to the address below. Do not use this form to pay by credit card. Go to our website and use the link for secure credit card payment: http://ag.arizona.edu/apmc/3rdILS/Registration.html

*Registration Type (check only one): The final deadline to pre-register is October 15. After that on-site rates apply.

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	Early Bird	\$225	(Through September 15)		
	Standard	\$275	(After September 15)	On-site	\$325
	Student	\$100	(By Oct. 15)	On-site (Student)	\$175
Regist	rant Information:				
*First name:		*Last Name:			
Title:					
*Addre	ess:				
*State / Province:		*Country:	*Postal Code:		
*Email	Address:				
*Phone	e Number:				

Method of Payment (Check only one):

Option 1: Domestic Check (*must be drawn on a U.S. bank*)

Make check payable to "University of Arizona" for the amount indicated above. Mail check to:

ATTN: Suzanne Ernstein University of Arizona Maricopa Agricultural Center 37860 W. Smith-Enke Rd. Maricopa, AZ 85138

Option 2: International Bank Transfer

Please mail this form to the address above. Email Al Fournier fournier@cals.arizona.edu for additional information on completing fund transfer.

3rd International Lygus Symposium **Additional Information**

Optional: Please provide us with some information about your travel plans, needs and preferences to help us make your visit as smooth as possible.

- 1) Name
- 2) When do you expect to arrive? Date Time
- 3) When do you expect to depart? Date Time
- 4) What hotel will be you staying at?
 - a. _____ Hotel Valley Ho (official lodging)

 - b. ____ Other please specify _____ c. ___ I will not need hotel lodging
- 5) Have you / Will you submit a paper and / or poster at the conference? (Check all that apply)
 - a. ____ Paper
 - b. Poster
 - c. Please indicate any special presentation needs
- 6) Do you have any special dietary needs?
 - a. ____ No
 - b. _____ Vegetarian
 - c. ____ Gluten free
 - d. Other *please specify*
- 7) Will you have accompanying individuals traveling with you?
 - a. ____ Yes How many? _____
 - b. No
- 8) Please indicate whether you plan to attend each of the following how many will accompany you:
- Rooftop Opening Reception, October 28, 7:00 pm 9:00 pm a. ____ Yes Number of additional guests _____ b No Gala Dinner, October 31, 7:00 pm – 9:00 pm a. ____ Yes Number of additional guests _____ b. No **Optional Post-Conference Tour, November 1, 8:30 am – TBD** a. ____ Yes Number of additional guests _____ b. No 9) Please indicate which options for a post-conference tour would interest you: a. Agricultural TourYesNob. Scenic Tour (e.g., Grand Canyon)YesNoc. Cultural Tour (museums, etc.)YesNo d. _____ Not interested

Please provide any additional questions or comments on the back of this form.