

REGISTRATION FORM
119th Stated Meeting of the American Ornithologists' Union
University of Washington, 15 - 18 August 2001

ONE FORM PER PERSON

NAME and AFFILIATION: Please complete for nametag purposes

Name _____
 Affiliation: _____
 Mailing Address: _____

 Phone: _____ FAX: _____
 e-mail: _____
 SPOUSE/GUEST name for badge _____

Student/Mentor Program: Interested in participating? yes no
 "Big-Wig" lunch date: Who would you like to take to lunch? _____

REGISTRATION FEE (circle correct fee) *Please register early.* Student registration requires copy of student ID enclosed and ID presented at on-site check-in. Refunds until 29 Jun 2001 (minus 20% processing fee). *After 6 Jul, please register on-site.*

<i>Postmarked on or before:</i>	27 Apr	until 6 Jul	on-site	Amount
Regular	\$225	\$300	\$350	\$ _____
Student	\$ 85	\$150	\$200	\$ _____
Nonmember Spouse/Guest	\$ 85	\$150	\$200	\$ _____

SOCIAL EVENTS

	No. people	Amount
Wednesday, 15 August		
No-host Dinner for AOU Council, Fellows and guests ONLY, Faculty Club @ \$50/person	x _____	\$ _____
Opening Reception and Open House, Burke Museum	x _____	No charge!
Thursday, 16 August		
Poster Session/Reception at Meany Hall	x _____	No Charge!
Friday, 17 August		
All-Out Ostrich 5k Run (\$10 donation collected at run)	x _____	
WORC hosted luncheon – box lunch @ \$10 each	x _____	\$ _____
Attending but will bring own lunch	x _____	No Charge!
Barbeque, McMahon Patio @ \$20/person	x _____	\$ _____
Saturday, 18 August		
Closing ceremonies and Banquet, Royal Argosy Cruiseline		
Regular, Spouses, Other Guests @ \$55/person	x _____	\$ _____
Students @ \$35/person	x _____	\$ _____

FIELD TRIPS (more details at: <http://depts.washington.edu/bird2001/>)

Overnight Pelagic trip: please check desired date – minimum 15/trip; maximum 26/trip
 ___ 12-13 Aug; ___ 13-14 Aug; ___ @ \$175 double, ___ @ \$200 single x _____ \$ _____

Day trips: Please check desired trip(s); minimum 6/trip; maximum 12/trip; @ \$30/person
 Mon, 13 Aug: ___ Gray's Harbor; ___ Whidbey Island x _____ \$ _____
 Tue, 14 Aug: ___ Mt Rainier; ___ Mt St Helens; ___ Wenatchee Mtns x _____ \$ _____

TOTAL \$ _____

NAME: _____

TOTAL ENCLOSED (from other side) \$ _____

Make check to: "AOU Seattle"

OR: ___ Please charge the fee to my credit card
___ VISA; ___ MasterCard
card number: _____ expiration date: _____
Name printed on the credit card _____
cardholder signature _____

Mail this form with payment for Registration fees/activities to:

**Kai Fujita, AOU Seattle Conference Coordinator
Burke Museum, Box 353010
University of Washington
Seattle WA 98195-3010**

Please indicate any special mobility accommodations you need.
Campus Housing and Hotel Accommodations: All housing arrangements, both on and off campus, must be made separately. Campus Housing registration is separate from and process attached; hotel information may be found on conference website or within this Circular.

For planning purposes, please check whether you intend to stay ___ on campus, or ___ off campus.
Do you plan to arrive by ___ air, ___ train, ___ car, or ___ local.

AIR TRANSPORTATION

Arrival: Date _____ Time _____ Airline & Flight # _____ No. in party: _____
Departure: Date _____ Time _____ Airline & Flight # _____ No. in party: _____

VOLUNTARY CONTRIBUTIONS to help sponsor student participation and other activities during the meeting are welcomed. Make separate check to "University of Washington" noting "AOU meetings" in memo line, and send to **AOU Local Committee, ATTN: Kai Fujita, Burke Museum, Box 353010, University of Washington, Seattle WA 98195-3010** Please indicate whether we may use your name.

RELEASE REQUIRED FOR ALL REGISTRANTS (Please fill out one release per person.)

I acknowledge that I am engaging in the 2001 American Ornithologists' Union (AOU) annual meetings at the University of Washington (UW) and related activities for my own personal benefit and that, as with any other conference and travel program, participants may encounter unexpected risks. These risks include (but are not limited to) sickness, exposure to disease, political upheaval, accident, the forces of nature, travel dangers on the ground or on water, and property loss and damage and I agree to assume those risks beyond the control of UW staff or AOU. I represent that I am able, with or without reasonable accommodation, to undertake these activities. Should I require emergency medical treatment as a result of accident or illness arising during the trip and be unable to consent to such treatment at the time, I hereby consent to emergency medical treatment. I am aware that the UW does not provide health and accident insurance for conference attendees, and that I will be financially responsible for any bills incurred.

I acknowledge that apart from conference activities conducted by the AOU and UW at UW facilities, the UW acts only as an agent for suppliers and contractors providing services for this conference, and is not responsible for the acts of third parties which cause injury, death, property loss or damage. I further acknowledge that the AOU and UW is not responsible for travel or accommodation disruptions beyond its control, and makes no representation as to the availability of or level of medical facilities at any of the destinations on the itinerary. I agree not to claim against the AOU and UW for injuries, damages or losses other than those arising from the negligent acts or omissions of the AOU and UW, their officers, employees, volunteers, students and agents acting in the course and scope of their UW-imposed duties.

Signed _____ dated _____