



RNA Society 11th Annual Meeting

UNIVERSITY OF WASHINGTON, SEATTLE

June 20 through 25, 2006

CONFERENCE REGISTRATION

Name (FIRST LAST - exactly as it should appear on badge) _____

Institution/Organization (as it should appear on badge) _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Email _____

Phone _____ Fax _____

Banquet entrée selection: Beef Fish Vegetarian I will not attend the banquet on Saturday night.

May we include your personal contact information in the participant directory? Yes No

Position: Principal Investigator Laboratory Head Postdoc with PI Grad Student with PI Other

If "Postdoc" or "Grad Student", please provide PI's name; if "Other" please explain: _____

Describe dietary restrictions or ADA accommodation requirements: _____

CONFERENCE FEES

	through 3/20	after 3/20	Calculation
Member (includes meals)	\$595	\$645	\$ _____
Non-member (includes meals)	\$695	\$745	\$ _____

GUEST MEAL PACKAGE - includes same 9 meals as in registration:

4 lunches, 4 dinners, banquet @ \$250 x _____ (# guests) = \$ _____

Guest banquet selection: Beef Fish Vegetarian

CONFERENCE T-SHIRTS

of each: ___S ___M ___L ___XL @ \$15 x _____ (total # shirts) = \$ _____

ADDITIONAL ABSTRACT BOOKS - one is included with registration.

\$28 per book x _____ (# extra books) = \$ _____

ADDITIONAL BANQUET TICKETS - one is included in registration and guest packages. Choose this only if extra banquet tickets are needed in addition to above.

of each: ___Beef ___Fish ___Veg @ \$60 x _____ (# extra tickets) = \$ _____

TOTAL PAYMENT \$ _____

PAYMENT METHOD (check one) American Express Visa Mastercard

Check (in US dollars payable to "Simple Meetings") PO # _____

Card Number _____

Exp Date _____ Signature _____

Credit Card Billing Address (required) _____

Cancellation fees: \$100 through March 20, \$250 from March 21 through May 20. No refund for cancellation after May 20.

MENTOR:MENTEE LUNCH

Thursday, June 22

No additional charge, but space is limited.

NO, I will not attend

YES, I will attend as a:

Mentor - circle one: P I Lab Head Editor

Mentee - circle one: Postdoc Grad Student

Area of interest: _____

FEE INCLUDES

access to all lectures & workshops
 poster sessions with hosted bars
 refreshment breaks
 lunches Wednesday through Saturday
 dinners Tuesday through Friday
 Saturday reception, banquet & dance
 conference materials
 abstract book

PLEASE RETURN FORM TO:

RNA 2006
 c/o Simple Meetings
 PO Box 31623
 Seattle, WA 98103 USA

- or -
 Fax: 206-706-8476

QUESTIONS?

Phone: 206-706-8118
 Email: rna2006@u.washington.edu
 http://depts.washington.edu/rna2006