

Conference and Hotel Registration Form
1st Annual UK-Southeast USA Symposium on Structural
Genomics and Proteomics of Membrane and Metalloproteins
October 14-16, 2005, Event #58568

Early Registration deadline is September 23, 2005. A confirmation letter will be mailed to those who register prior to the deadline.
Late registrants may not receive conference materials.

Three ways to register:
 Mail Form to: UK-Southeast USA Symposium, #58568
 Attention: Lisa Horanyi
 B202 Davison Life Sciences Complex
 Athens, GA 30602-7229
 2. E-mail to: LHORANYI@UGA.EDU
 (credit card only)
 3. Fax Form to: 706-542-3528 (credit card only)

Name – Please print or type _____
 Preferred name for name badge _____ Check if invited speaker
 Address _____ Check if home address
 City _____ State/Province _____ Country _____ Zip/Postal Code _____
 Work Phone _____ Home Phone _____
 Fax # _____ E-Mail Address _____
 Title _____ Organization/Employer _____

REGISTRATION FEES: *Prepayment is required to be registered. No fees for invited speakers.*

Fee paid on/before September 23, 2005.....	\$200	(Registration fee covers 3 continental breakfasts,
Fee paid after September 23, 2005.....	\$250	3 lunches and refreshment breaks.)
Student/postdoctoral fee paid on/before September 23, 2005.....	\$150	
Student/postdoctoral fee paid after September 23, 2005.....	\$200	
Banquet on Sunday, October 16, 2005.....	\$40	
Banquet tickets(s) for _____ Guest(s) @ \$40 each.....	\$ _____	(Check if your guest prefers a vegetarian meal.)
TOTAL.....	\$ _____	I prefer vegetarian meals.

METHOD OF PAYMENT TO PROCESS CONFERENCE REGISTRATION:

Enclosed is a check payable to *The University of Georgia*.

Enclosed is a purchase order payable to *The University of Georgia* and/or an authorization letter to bill employer/organization (invoiced at highest registration fee).

MasterCard Visa American Express Discover

Card # _____ Expires _____

Name on Card _____

HOTEL REGISTRATION FEES: *No fees for invited speakers.*

Complete the following to request a room reservation at the Georgia Center. A credit card number is required to guarantee your reservation. (Use space below) Non-guaranteed reservations will be cancelled at 4:00 p.m. on the day prior to arrival. 7% sales tax must be added to price listed. All rooms are non-smoking.

Choose Occupancy: Single Double

Choose Room Type: Queen Bed \$79.00 King Bed \$79.00
 2 Single Beds \$69.00

Arrival Day/Date: _____ Departure Day/Date: _____

Name of roommate for shared room _____

The Georgia Center does not assign roommates.

METHOD OF PAYMENT TO GUARANTEE HOTEL RESERVATION:

PLEASE DO NOT SEND CHECKS FOR LODGING UNTIL RECEIPT OF CONFIRMATION.

MasterCard Visa American Express Discover

Card # _____ Expires _____

Name on Card _____