

2001 Joint Meeting of  
The American Phytopathological Society, Mycological Society of America  
and Society of Nematologists

August 25-29, 2001 • Salt Palace Convention Center • Salt Lake City, Utah  
Advance registration deadline – June 21, 2001

| Registrant's Badge Information   |
|--|
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">First Name</p> |

| Guest Badge Information<br>(if registered as paying guest)   |
|--|
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">First Name</p> |
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">Last Name</p>  |

|  |
|--|
| <input type="checkbox"/> If you require special meals or accommodations to fully participate in this meeting, include a written description of your needs. |
|--|

| Required Information   |  |
|--|--|
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">Daytime Phone</p>  | <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">Facsimile</p>                      |
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">E-mail Address</p> | <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">Date of Birth (Month/Day/Year)</p> |

Information below is  New Address  Alternate Address

**Complete the following if the information on the label above is incorrect or if no label is provided.**

|  |
|--|
| <p><b>Professional Area (check only one):</b></p> <p>100 <input type="checkbox"/> Academia</p> <p>101 <input type="checkbox"/> Government</p> <p>102 <input type="checkbox"/> Industry</p> <p>103 <input type="checkbox"/> Other</p> <p><b>Please check if you:</b></p> <p>200 <input type="checkbox"/> Test chemicals</p> <p>201 <input type="checkbox"/> Test other products</p> <p>202 <input type="checkbox"/> Make recommendations to the grower</p> <p><b>Product(s) you are involved in purchasing:</b></p> <p>300 <input type="checkbox"/> Biotech services</p> <p>301 <input type="checkbox"/> Diagnostic services/materials</p> <p>302 <input type="checkbox"/> Field supplies</p> <p>303 <input type="checkbox"/> Lab Equipment (chromatographic, centrifuges, ultracentrifuges, plant growth chambers, etc.)</p> <p>304 <input type="checkbox"/> Lab supplies</p> <p>305 <input type="checkbox"/> Microscopes</p> <p>306 <input type="checkbox"/> Software</p> |
|--|

|   |
|---|
| <p><b>Important</b></p> <ul style="list-style-type: none"> <li>• Mail or fax form and payment by June 21, 2001. Registration forms faxed or postmarked after the advance registration deadline of June 21, 2001, will be billed at the regular rate. This rate differential will be assessed by invoice or charged to the credit card number provided.</li> <li>• Faxed forms must include credit card information to be processed.</li> <li>• Cancellations after August 10, 2001, are not subject to a refund. Cancellations prior to August 10, 2001, will be assessed a \$50 processing fee.</li> </ul> |
|---|

**APS/MSA/SON Joint Meeting Registration**  
3340 Pilot Knob Road  
St. Paul, MN 55121-2097 USA  
Telephone: +1.651.454.7250 • Fax: +1.651.454.0766  
E-mail: [aps@scisoc.org](mailto:aps@scisoc.org) • Website: [www.apsnet.org](http://www.apsnet.org)

|                              |                |
|------------------------------|----------------|
|                              |                |
| Last Name                    |                |
|                              |                |
| First Name                   | Middle Initial |
|                              |                |
| Company Department           |                |
|                              |                |
| Employer/Company/Institution |                |
|                              |                |
| Company Address              |                |
|                              |                |
|                              |                |
| City                         | State/Province |
|                              |                |
|                              |                |
| Zip/Postal Code              | Country        |

| Emergency Contact   |
|---|
| Name <hr style="border: 0; border-top: 1px solid black;"/>                            |
| Telephone Number (August 25-29) <hr style="border: 0; border-top: 1px solid black;"/> |

Reverse Side Must Be Completed To Register. Thanks!

**Registration Classification:**

I am a member of (check all that apply):  APS  MSA  SON

**Registration Fees**

| Registration  | Advance* | Regular | Total |
|---|----------|---------|-------|
| APS, MSA or SON Member  | \$270    | \$325   | _____ |
| APS, MSA or SON Student Mbr   | \$140    | \$160   | _____ |
| <i>Special for NEW Members only!</i>  |          |         |       |
| Meeting Registration and Membership   | \$325    | \$380   | _____ |
| Meeting Registration and Student Membership   | \$160    | \$180   | _____ |
| Check one: <input type="checkbox"/> APS <input type="checkbox"/> MSA <input type="checkbox"/> SON |          |         |       |
| Nonmember   | \$330    | \$385   | _____ |
| Nonmember Student**   | \$165    | \$185   | _____ |
| Exhibitor***  | \$100    | \$100   | _____ |
| Nonmember Technician**  | \$270    | \$325   | _____ |
| Single Day (select one)   | \$200    | \$250   | _____ |
| <input type="checkbox"/> Sunday <input type="checkbox"/> Monday                                   |          |         |       |
| <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday                               |          |         |       |
| APS Emeritus Members****  | No fee   |         |       |
| Guests****  | \$50     | \$50    | _____ |
| <b>Total Registration Fee (see below)</b>   |          |         | _____ |

\*Advance registration must be received on or before June 21, 2001.

**Payment Information**

**Method of Payment**  
(travel-only credit cards cannot be accepted.)

Check or money order enclosed, payable to  
The American Phytopathological Society (U.S. funds only)

Charge:  
 Visa  American Express  Mastercard

Card No. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Expiration Date: \_\_\_\_ / \_\_\_\_

Cardholder Name (please print):  
\_\_\_\_\_

Cardholder Signature (required):  
\_\_\_\_\_

**APS/MSA/SON Joint Meeting Registration**  
3340 Pilot Knob Road, St. Paul, MN 55121-2097 U.S.A.  
Telephone: +1.651.454.7250 • Fax: +1.651.454.0766  
Website: <http://www.apsnet.org>

**Ticketed Events**

All of the following events require a ticket to enter. Please indicate all events you wish to attend.

|  | Quantity | Cost      | Total    |
|--|----------|-----------|----------|
| <b>Choose one breakfast only</b>   |          |           |          |
| 1. MSA Breakfast and Business Meeting, Monday, 7-8:45 am   | ___      | No charge | _____    |
| 2. APS Breakfast and Business Meeting, Tuesday, 7-9:30 am  | ___      | No charge | _____    |
| <b>Friday Events</b>   |          |           |          |
| 3. Short Course, 9 am-4 pm   | ___      | \$129     | _____    |
| <b>Saturday Events</b>   |          |           |          |
| 4. Forest Pathology Field Trip, 7:30 am-7 pm   | ___      | \$30      | _____    |
| 5. MSA Foray, 8 am-5 pm  | ___      | \$35      | _____    |
| 6. Diagnosis of Vegetable Diseases Workshop, 12:30-4:30 pm   | ___      | \$15      | _____    |
| 7. First-Timers Orientation, 4-5 pm  | ___      | No charge | _____    |
| <b>Sunday Events</b>   |          |           |          |
| 8. APS Department Heads Breakfast, 7:30-9:30 am  | ___      | \$20      | _____    |
| 9. Deciduous Tree Fruit Disease Workers, 12 pm-2 pm  | ___      | \$17      | _____    |
| <b>Monday Events</b>   |          |           |          |
| 10. Extension Plant Pathologists Breakfast, 6:30-8 am  | ___      | \$14      | _____    |
| 11. Graduate Student Breakfast, <i>for students only</i> , 7-8 am  | ___      | No charge | _____    |
| 12. Women in Plant Pathology Social, 6-8 pm  | ___      | \$20      | _____    |
| 12S. Women in Plant Pathology Social/student, or post-doc  | ___      | \$7       | _____    |
| <b>Tuesday Events</b>  |          |           |          |
| 13. Statistical Epidemiology Workshop, 9 am-1pm  | ___      | No charge | _____    |
| 14. Industry Extension Social, 6-10 pm   | ___      | \$25      | _____    |
| 14S. Industry Extension Social/Student   | ___      | \$15      | _____    |
| 15. MSA Social & Auction, 6:30-9:30 pm   | ___      | \$25      | _____    |
| 16. SON Awards Banquet, 7-9:30 pm  | ___      | \$45      | _____    |
| Choose one: <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Vegetarian |          |           |          |
| 16S. SON Awards Banquet/Student, 7-9:30 pm   | ___      | \$20      | _____    |
| Choose one: <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Vegetarian |          |           |          |
| 17. APS Cultural Diversity Social, 8-10 pm   | ___      | \$10      | _____    |
| 18. Extra only! Ticket for Sunday Opening Reception†   | ___      | \$30      | _____    |
| 19. Extra only! Ticket for Monday MSA Breakfast & Business Mtg†  | ___      | \$15      | _____    |
| 20. Extra only! Ticket for Tuesday APS Breakfast & Business Mtg†   | ___      | \$15      | _____    |
| <b>Total Event Tickets</b>   |          |           | \$ _____ |
| 21. Abstract supplement (See Abstract Supplement Notice to right)  | ___      | \$10      | _____    |
| <b>Total Registration Fee from above</b>   |          |           | \$ _____ |
| <b>Grand Total</b>   |          |           | \$ _____ |

†Single-day registrants, guests and extra exhibitors must purchase a ticket in order to attend these events.

\*\* Non-member students, post-docs and technicians must have a faculty member sign here to qualify for respective rates

\*\*\* Each exhibiting company is entitled to two complimentary registrations and each person must complete a registration form. The fee for each additional exhibitor is \$100, which includes a name badge, program book, and registration list.

\*\*\*\* Co-workers and business associates are not considered guests and must pay full registration fees. Guests of emeritus members must pay guest fees.

**Abstract Supplement Notice**  
It is our goal to have one abstract supplement for each meeting participant. If you receive the printed edition of *Phytopathology*, you will receive an abstract supplement with the June issue. Abstracts will also be available on the APS website beginning June 29, 2001 ([www.apsnet.org/meetings](http://www.apsnet.org/meetings)). Abstract books will be available at the meeting for no charge for those who do not receive *Phytopathology*. Supplements are available for \$10 if you want one mailed to you prior to the meeting. If so, please include on #21 at left.