



APS Caribbean Division
The Florida Phytopathological Society
Joint Meeting Registration Form
Orlando, FL, May 16-19, 2009

(PLEASE PRINT):

Name: _____

Organization: _____

Address: _____

Telephone No.: _____ E-mail address: _____

Check any that apply: I am an APS Member: I am an FPS Member:

Registration: Regular / Post-Doc member \$160.00 (\$US) _____

Student member *** \$100.00 (\$US) _____

*** Students please verify with faculty signature here: _____

Abstracts to be published: Number _____ \$ 45.00 (\$US) _____

Note: Registrants can give an oral presentation without submitting an abstract. If an abstract is submitted online and payment is remitted, it will be published with APS.

Field Tour:

I plan to attend the field tour to the Citrus Research & Education Centre in Lake Alfred \$10 (\$US) _____

Grand Total \$ _____

Method of Payment:

Check enclosed (Make checks payable to APS in U.S. funds on U.S. banks)

Charge to credit card Visa MC AMEX

Credit Card # _____ Expiration date: _____

Cardholder's name (please print) _____

Signature _____

For questions regarding registration, please contact Erin Roskopf, USDA ARS,
Phone (772) 462-5887 or E-mail: erin.rosskopf@ars.usda.gov

**Mail or Fax registration form and payment information to: Cindy Scheller, APS,
3340 Pilot Knob Rd, St. Paul MN 55121 USA, FAX: (651)454-0766, PHONE: (651) 454-7250**