American Phytopathological Society
Northeastern Division
ANNUAL MEETING REGISTRATION
Newport, RI, October 8-10, 2008

For name tag (PLEASE PRINT):

Name: _____

Organization: _____

Address:

Telephone No.: _____ E-mail address: _____

Information will be used to develop the 2009 mailing list. Please be certain it is complete.

Registration: Regular / Post-Doc member $140.00 ($US) _____

Student member $ 70.00 ($US) _____

Banquet: Number ____ X $ 75.00 ($US) _____

Indicate number of each type of meal (total must equal number attending banquet)

- _____ Filet Mignon with Demi Glace, Mushroom Compote and Pommes Dauphinoise
- _____ Roasted Halibut on Vegetable Ragout
- _____ Vegetarian

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

Indicate the last name of the first author of each abstract for which payment is included:

1	2	3
4	5	6

GRAND TOTAL $_____

I plan to attend the workshop on **Plant Parasitic Nematodes** _____

I plan to attend the seminar on **Turfgrass Diseases in the Northeast** _____

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 _____

Mail or Fax registration form and payment information to:

Cindy Scheller
APS
3340 Pilot Knob Road
St. Paul MN 55121 USA
FAX: (651) 454-0766