



**American Phytopathological Society  
Southern Division  
ANNUAL MEETING REGISTRATION  
Corpus Christi, TX, February 6-7, 2011**

**For name tag (PLEASE PRINT):**

Name: \_\_\_\_\_  
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**Registration:**

(Registration fee includes registration for the SAAS meeting and the SDAPS banquet Monday evening)

Regular / Post-Doc member	\$120.00	\$ _____
Student member	\$ 5.00	\$ _____

(Registration fee will be waived for those students entering the Graduate Student Research Award Competition; however, you must register by fax or mail to receive this waiver – check here if entering competition: \_\_\_\_\_)

**Banquet:** Check this box if you will be attending the banquet on Monday: ☐

**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
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**GRAND TOTAL** \$ \_\_\_\_\_

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