



**American Phytopathological Society
Southern Division
ANNUAL MEETING REGISTRATION
Atlanta, Georgia, February 1-2, 2015**

For name tag (PLEASE PRINT):

Name: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone.: _____ E-mail: _____

Meeting Registration:

	Advanced (on or before January 16)	Regular (after January 16)	
Regular / Post-Doc member	\$150.00	\$200.00	\$ _____
Student member	\$ 50.00	\$75.00	\$ _____

Guest Banquet: \$35.00 \$ _____

Abstracts to be published: Number ____ X \$ 45.00 \$ _____

GRAND TOTAL \$ _____

Method of payment

Check enclosed (Make check payable to APS Southern Division)

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

Charge to credit card: Visa Mastercard

Credit Card #: _____ **Expiration date:** _____

Cardholder's name (please print): _____

Signature: _____

Mail or fax registration form and payment information to: An Nguyen, APS Division Meetings, 3340 Pilot Knob Rd, St. Paul, MN 55121; FAX: (651) 454-0766 or phone (651) 994-3807.