

Participant Registration Form

VIRGINIA ACADEMY OF SCIENCE
86th ANNUAL MEETING
WEDNESDAY, MAY 20 – FRIDAY, MAY 23, 2008
Hampton University • Hampton, Virginia

Please duplicate this form as needed for each registrant

You must be a member to present a paper or poster. Membership forms are available at <http://www.vacadsci.org/>

Print clearly in black ink.

Suffix: _____ Last Name: _____ First Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Affiliate School / Organization: _____

E-mail: _____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____ Fax: (____) _____ - _____

Do you have a disability for which you need assistance? Yes* _____ No _____

*If yes, describe the assistance you need _____

Pre-registration deadline May 9, 2008 (*Registration includes all sessions*)

Registration options (Select one)

On-Site registration fees will be \$60 for non-student members, \$27 for student members

- Non-Student pre-registration fee \$50.00 \$ _____
- Student pre-registration fee (*must have a valid student ID# to qualify*)..... \$22.00 \$ _____
- Total Registration** \$ _____

On-campus Lodging Rates

- Please circle night(s): T, W, Th
- Residence Hall Room – Double Occupancy \$25.00/person x ___ nights \$ _____
- Total Lodging Package** \$ _____

Other

- Picnic – Tuesday, May 20, 4:60 PM – 6:00 PM \$10.00 \$ _____
- VAS Banquet – Thursday, May 22, 7:30 PM – 9:00 PM..... \$30.00 \$ _____
- Spouse ticket..... \$30.00 \$ _____
- Do you require a vegetarian meal?* Yes No *Spouse?* Yes No

Total Other \$ _____

SUM of Total Registration, Lodging, and Other..... \$ _____

Payment methods –

(HU/VAS Acct: 667553-227553-3364-4138)

HU's Federal ID# 54-0505990

Enclosed is my payment of \$ _____ by check or money order payable to *Hampton University* (Attn: VAS/HU 2008).

Credit or Debit Card payment to Hampton University, Attn: VAS/HU 2008

Payment by Credit or Debit Card made payable to Hampton University (Attn: VAS/HU 2008).

Visa MasterCard Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date __ / __

Signature _____

Please return this form and payment to:

Dr. Donald A. Whitney, Physics Department
Hampton University, Hampton, VA 23668

Phone 757-727- 5820 or FAX 757-728-6910
e-mail: donald.whitney@hamptonu.edu

I understand that \$20 of this fee is non-refundable up to May 12. After May 12, 2008 no refund will be made.

Signature: _____

Date _____