

MAPMBS 2002 REGISTRATION FORM

Must be received by July 12, 2002
Please photocopy this page for additional forms

Name _____ I am interested in presenting (check):
Institution _____ A short talk
Department _____ A poster
Address _____
City _____ State _____ Zip _____ Platform session preference (check):
Telephone _____ - Plant-microbe interactions
FAX _____ - Gene regulation
Email _____ - Bioinformatics and Genomics
- Other

(Enclose original and one copy of abstract)

Preregistration includes meeting attendance, two lunches and refreshments at breaks.

Presenting Student or Postdoc	\$40 _____	- Visa	- Master Card
Student	\$55 _____	Card number _____	
Regular registration	\$70 _____	Expiration date _____	
		Card holder name _____	
		Card holder signature _____	
Total amount enclosed	\$ _____	Or send check to MAPMBS	

Special dietary requirements (Please specify) _____

MAIL ALL MATERIALS TO: MAPMBS Meeting
c/o Benjamin Matthews
USDA-ARS-PSI-SGIL
Bldg 006 Rm 118
Beltsville, MD 20705