

**MORE PROGRAM DIRECTORS' MEETING  
SPEAKER REGISTRATION FORM  
PLEASE RETURN BY FRIDAY, APRIL 24, 2009**  
(Please print or type. Retain a copy of this form for your records.)

Name \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

<b>REGISTRATION:</b>	<b>COSTS:</b>		<b>TOTAL DUE:</b>
Registration Fee	\$350.00	*****	<b>COMPLIMENTARY</b>
Meal Fee	N/A	*****	<b>COMPLIMENTARY</b>
<b>ACCOMMODATIONS:</b>			
Single Room	\$195.00 per night		
Double Room*			
Spouse Rate	\$87.00 per night (meals incl.)	*****	
<b>GRAND TOTAL DUE:</b>			<b>\$</b>

The MORE Meeting will provide your complimentary registration which covers all meeting materials and meals. There will be breakfast, lunch, dinner and coffee breaks provided during the meeting beginning with dinner on Wednesday and ending with lunch on Friday.

Arrival day/date/time \_\_\_\_\_ Departure day/date/time \_\_\_\_\_

Total Number of Nights \_\_\_\_\_

\*Please list name of person sharing room \_\_\_\_\_

**Payment Information:**

Make checks payable to the ASBMB. Credit card payments may be made by MasterCard, Visa or American Express.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name as it appears on credit card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Cardholder's Phone Number \_\_\_\_\_

**MAIL or FAX THIS FORM BY APRIL 24, 2009 WITH PAYMENT TO:**  
ASBMB/MORE Program Directors' Meeting, 9650 Rockville Pike, Bethesda, MD 20814-3998  
Phone: 301-634-7145 · Fax: 301-634-7126