

Registration Form • 2011 In Vitro Biology Meeting • Raleigh, Carolina • June 4 - 8, 2011

Mail this form and payment to: Society for In Vitro Biology, 514 Daniels St., Suite 411, Raleigh, NC 27605
or fax to: (919) 562-0608

Please print or type.

Title: Prof Dr. Mr. Mrs. Ms. Full Name _____ First Name for badge _____
 Organization _____
 Address _____
 Address _____
 City _____ State _____ Postal Code _____ Country _____
 Phone _____ Fax _____ Email _____
 Special dietary restrictions _____
 Share-a-Room Program: Gender: Male Female Days of Attendance _____

Registration Fees (Circle one):

The registration fee includes: admission to all meeting sessions and exhibition at the Raleigh Convention Center, invitation to the Opening Ceremony and Welcome Reception, registration bag and meeting materials, and a copy of the abstract issue and program booklet.

	Pre-registration On or before 2/21/11	Registration On or after 5/4/11	Amount Enclosed
Abstract Fee (non-refundable)	\$ 50	N/A	_____
Student Abstract Fee (non-refundable)	\$ 25	N/A	_____
Member	\$330	\$340	_____
Combination 2011 Membership/Registration*	\$490	\$500	_____
Post Doctoral Associate **	\$100	\$100	_____
Non-member	\$500	\$510	_____
Student **	\$ 0	\$ 0	_____
Emeritus	\$ 65	\$ 65	_____
One-day Registration	\$175	\$175	_____
<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday			
Optional Per-function Events			# of Tickets
Cotton Workshop, Saturday, June 4 from 3-7 pm (Registration limited)	\$ 0	\$ 0	_____
Tuesday Evening Event at the Duke Homestead, Tuesday, June 7	\$75	\$75	_____
Tour of Plants for Human Health Institute, Wednesday, June 8	\$42	\$42	_____
"Feel the Thrill" Tour at Charlotte Motor Speedway, Wednesday, June 8	\$38	\$38	_____
Total Enclosed:			_____

Method of Payment

Money Order Check
 (payable to **2011 In Vitro Biology Meeting**) is enclosed.
 (If not USA bank, add bank clearance fee: \$10, Canada; \$25, all others.)

Visa MasterCard Discover American Express Exp. ____/____

Card No. _____

Name on Card _____

Signature _____

*Combined meeting registration/membership fees include SIVB membership for one calendar year and meeting registration fees. Membership includes a subscription to *In Vitro Cellular and Developmental Biology – Animal or – Plant* and the *In Vitro Report*. Please contact the SIVB Business Office for additional membership information: SIVB, 514 Daniels St., Suite 411, Raleigh, NC 27605, (919) 562-0600, Fax: (919) 562-0608, website: www.sivb.org, email: sivb@sivb.org

**To receive special Student/Post Doctoral Registration Rates:

Student/Post Doctoral Name: _____

University: _____

"I can certify that the above-named student/post doctoral candidate (please circle one) is presently enrolled at this university and working toward a degree in a field related to in vitro biology."

Name/Signature of Department Head or Principal: _____

Name: _____ Signature: _____

Note: Refund requests must be made in writing. All refunds are subject to an administrative processing fee of \$50.00. The amount refunded is determined by the date the request is received. A full refund will be granted if request is received by March 17, 2011; one-half from March 18 to April 18, 2011; no refund after April 19, 2011.

Matrix Designations (Please check all that apply)

Research Focused on Plant Biotechnology

- Genetics
- Genomes, Genomics, Bioinformatics
- Growth Senescence, and Apoptosis
- Infectious Diseases/Cellular Pathology
- Invertebrate Cells
- In Vitro Tools, Techniques, and Optimization
- Plant Secondary Metabolism
- Plant Transformation
- Secondary Products
- Stress Resistance
- Virology
- Woody Species
- Other _____

Research Focused on In Vitro Animal Cell Sciences

- Biotechnology
- Cell and Tissue Models
- Cellular Aging
- Cellular and Molecular Toxicology/Chemical Carcinogenesis
- Cytokines, Growth Factors, Adhesion Factors
- Gene Therapy
- Growth/Differentiation/Apoptosis
- Infectious Diseases/Cellular Pathology
- Oncology
- Product Applications
- Signal Transduction
- Other _____

Employer (Primary)

- College or University
- Federal Government
- State Government
- Other Government
- Commercial (profit) Organization
- Not-for-Profit Organization
- Self-employed
- Retired
- Unemployed
- Other (specify) _____



I am currently a member of:

- SIVB IAPB
- ASCB JAACT
- ASPB JTCA
- ASHA JSPCMB
- ASM SOT
- CSSA STCS
- ETCS