



# Congress Registration Form

**After May 9, registration will be available on site!**

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, invitation to the Welcome and Opening Ceremony Receptions, registration bag and meeting materials, and a copy of the abstract issue and program booklet.

	Advanced Registration On or after 2/21/12	Amount Enclosed
Abstract Fee (non-refundable)	\$50	_____
Student Abstract Fee (non-refundable)	\$25	_____
Member <input type="checkbox"/> SIVB <input type="checkbox"/> JTCA <input type="checkbox"/> JSAAE	\$350	_____
Combination 2012 Membership/Registration*	\$510	_____
Post Doctoral Associate **	\$100	_____
Non-member	\$520	_____
Student **	\$ 0	_____
Emeritus	\$ 65	_____
One-day Registration <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$175	_____
Contribution to the Sponsor-a-Buddy Program (see page 11)	\$25	_____

#### Optional Per-function events:

		# of Tickets
International Conference on Invertebrate and Fish Cell Culture - Sun, June 3	\$0	_____
Evening at the Chateau Ste. Michelle Winery - Wed, June 6	\$90	_____
Scientific Tour of Institute for Systems Biology and Fred Hutchinson Cancer Ctr - Thurs, June 7, 1:00 pm - 6:00 pm	\$30	_____

Total Enclosed: \_\_\_\_\_

### Method of Payment

Money Order  Check  
(payable to **2012 World Congress on In Vitro Biology**) is enclosed.  
(If not USA bank, add bank clearance fee: \$10, Canada; \$25, all others.)

Visa  MasterCard  Discover  American Express  
Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_  
CSV # \_\_\_\_\_

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**\*Combined congress registration/membership fees include SIVB membership for one calendar year and congress 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](http://www.sivb.org), email: [sivb@sivb.org](mailto: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: \_\_\_\_\_

Mail this form and payment to: Society for In Vitro Biology, 514 Daniels St., Suite 411, Raleigh, NC 27605

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, 2012; one-half from March 18 to April 18, 2012; no refund after April 19, 2012.

### Matrix Designations (Please check all that apply)

- |   |  |
|---|--|
| <b>Research Focused on Plant Biotechnology</b>                        | <b>Research Focused on In Vitro Animal Cell Sciences</b>                           |
| <input type="checkbox"/> Genetics                                     | <input type="checkbox"/> Biotechnology   |
| <input type="checkbox"/> Genomes, Genomics, Bioinformatics            | <input type="checkbox"/> Cell and Tissue Models                                    |
| <input type="checkbox"/> Growth Senescence, and Apoptosis             | <input type="checkbox"/> Cellular Aging  |
| <input type="checkbox"/> Infectious Diseases/Cellular Pathology       | <input type="checkbox"/> Cellular and Molecular Toxicology/Chemical Carcinogenesis |
| <input type="checkbox"/> Invertebrate Cells                           | <input type="checkbox"/> Cytokines, Growth Factors, Adhesion Factors               |
| <input type="checkbox"/> In Vitro Tools, Techniques, and Optimization | <input type="checkbox"/> Gene Therapy  |
| <input type="checkbox"/> Plant Secondary Metabolism                   | <input type="checkbox"/> Growth/Differentiation/Apoptosis                          |
| <input type="checkbox"/> Plant Transformation                         | <input type="checkbox"/> Infectious Diseases/Cellular Pathology                    |
| <input type="checkbox"/> Secondary Products                           | <input type="checkbox"/> Oncology  |
| <input type="checkbox"/> Stress Resistance                            | <input type="checkbox"/> Product Applications                                      |
| <input type="checkbox"/> Virology                                     | <input type="checkbox"/> Signal Transduction                                       |
| <input type="checkbox"/> Woody Species                                | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> 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
- ASCB
- ASPB
- ASHA
- ASM
- CSSA
- ESA
- ETCS
- IAPB
- JAACT
- JSAAE
- JTCA
- JSPCMB
- SOT
- STCS



Please do not mail or fax this form after May 9.