



SYMPOSIUM REGISTRATION FORM

Duplicate as needed for additional registrants.
Or, register online at www.ksu.edu/ecogen/symp2006.html.

Name: _____

Dept: _____

University/Affiliation: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____

Registration:

On or Before 9/29/06	Non-students	\$130	Students (Undergrad or Grad)	\$80
After 9/29/06	Non-students	\$180	Students (Undergrad or Grad)	\$130

Saturday Night Banquet:

Dinner at the BRIO Tuscan Grille, Kansas City Country Club Plaza \$40

Total: \$ _____

Method of Payment:

_____ Check enclosed (*Make checks payable to Kansas State University, FEIN # 48-0771751*)

_____ Charge to my credit card

_____ Visa _____ MasterCard _____ Discover _____ AmEx

Card Number: _____ Exp. Date: _____

Print Cardholder's Name: _____ Signature: _____

_____ Please invoice me at my Company/Institution; PURCHASE ORDER # _____

Specify Dietary Concerns:

_____ Vegetarian _____ Other (please specify): _____

Poster Presentation:

Would you like to present a poster? No Yes

Title: _____

**Please follow the abstract submission guidelines at www.ksu.edu/ecogen/symp2006.html
and submit poster abstract online before September 15, 2006.**

Fax registration form to: 785-532-2422, Attn: Ecological Genomics Symposium

Mail registration form to: Ecological Genomics Symposium, 141 College Court Bldg,
Kansas State University, Manhattan, KS 66506-6015

Phone: 1-800-432-8222 and ask for Non-Credit Programs Registration