

# REGISTRATION

Event ID #177592 MJB

## Cryo 2005 - 42<sup>nd</sup> Meeting of the Society for Cryobiology July 22 - 27, 2005

Last Name		First Name	M.I.
Company/Institution		Title/position	
Email			
Social Security Number (Last four digits) XXX-XX-			
Work Address			
City	State	Zip	Country
Daytime Phone		FAX	

I do **not** want my name on the registrant list for this conference for distribution to conference participants

### C O N F E R E N C E   R E G I S T R A T I O N

#### Society for Cryobiology Annual Meeting July 24 – 27, 2005:

##### Early Registration

##### (before June 1, 2005)

- \$350 Member
- \$485 Non-Member

##### Full Registration

##### (after June 1, 2005)

- \$425 Member

- \$560 Non-Member
- \$200 Student  
(proof of status required)

#### Banquet at Minnesota Zoo

- \$50
- Meal preference:
  - Meat
  - Vegetarian

#### Pre Meeting Workshops:

##### Stem Cell Workshop (July 23rd)

- \$50 Member
- \$150 Non-Member
- \$25 Student

##### Grant Writing Workshop (July 23rd)

- \$25

Visit the Cryo 2005 website ([www.me.umn.edu/events/cryo2005](http://www.me.umn.edu/events/cryo2005)) for accommodations at the Radisson Metrodome Hotel or Days Inn Hotel

**Dormitory option at Riverbend Commons. If choosing the dormitory option, check the dates of your reservation below:**

Single non-smoking Male dormitory \$35.00/night

Single non-smoking Female dormitory \$35.00/night

\_\_\_ July 22 \_\_\_ July 23 \_\_\_ July 24 \_\_\_ July 25  
\_\_\_ July 26 \_\_\_ July 27

\_\_\_ July 22 \_\_\_ July 23 \_\_\_ July 24 \_\_\_ July 25  
\_\_\_ July 26 \_\_\_ July 27

**Riverbend Commons dormitory expenses will be added to your conference registration**

**Total Amount:** \_\_\_\_\_

## Method of Payment

Enclosed is a check or money order payable to the University of Minnesota in U.S. funds that are drawn on a U.S. bank

Please bill my organization (purchase order or letter of authorization attached)

Please charge my UM cufs#: \_\_\_\_\_

Please charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover/Novus \_\_\_ American Express

---

Card Number	Expiration Date	\$ Amount to Charge
-------------	-----------------	---------------------

---

Name as it appears on card

Signature of cardholder

### HOW TO REGISTER:

#### Mail Registration to:

*CCE Registration 177592*  
1420 Eckles Avenue Suite #20  
St Paul, MN 55108

#### Or Fax to:

612-624-5359

#### Or Register Online at:

[www.me.umn.edu/events/cryo2005](http://www.me.umn.edu/events/cryo2005)

For more information please call Kay Syme at 612-624-4938 or by email at [conferences4@cce.umn.edu](mailto:conferences4@cce.umn.edu).

The information on this form is private data, used to identify and locate you, obtain payment, and enable instructors to better know their audience. Name address, and method of payment are mandatory. If you desire CEU certification and do not supply a social security number, an alternative identifier will be used.