**ACMS REGISTRATION AND ASILOMAR LODGING** **Deadline: September 24, 2004**

**REGISTRATION LIMIT**. Registration is limited to 120 people. There will be no on-site registration.
**CANCELLATION**. Written notice of cancellation must be received on or before September 24. $50 will be deducted from refunds to cover the cost of processing.

**Name of Applicant:** _____
**Company/Institution:** _____
**Address:** _____
**Address:** _____
**City, State, Zip:** _____
**Business Phone:** _____
**E-mail:** _____

**CONFERENCE REGISTRATION.** There will be **NO** on-site registration. Registration is limited to 120 people. No more than 3 people from a company or research group may apply.

Check one:
☐ Regular, $290
☐ Non-Member , $390
☐ Student, $150 (*Must be a full-time student in a degree program. Include copy of student ID.*

**Enter registration amount $** _____

**ACCOMMODATIONS AT ASILOMAR**. Rates include four nights and all meals (dinner on Friday, October 15 through lunch on Tuesday, October 19). All conference accommodations are designated non-smoking. All rooms include private bath. Check-in is after 3 PM, Friday, October 15. Check-out is by noon, Tuesday, October 19.

**Enter total amount for accommodations $** _____

*Check below for accommodations. Rates are for four nights and meals.*

☐ **Single room, one person, one bed, $680**
☐ **Twin room, two persons, two beds, $440 per person**
☐ **Double room, two persons, one double-bed, $425 per person**
☐ **I require handicap accessible room**

*Name of the guest occupying the double or twin room:* _____

**ROOMMATE**. If you are not bringing a guest and wish to be assigned a roommate, please include payment for twin room above and complete the following:

☐ Male
☐ Female

Name of preferred roommate (if any) _____
*Preferred roommate's registration must be received within one week of this registration.*

**ASILOMAR FACILITY CHARGE FOR OFF-SITE PARTICIPANT**. This fee permits you to use the Asilomar facilities and includes lunch tickets for Saturday, Sunday, and Monday, as well as the conference banquet.
**If you are NOT staying at Asilomar, enter $100** $ _____

**PLEASE ENTER TOTAL AMOUNT $** _____

**Payment of the total amount must be enclosed.**

Check for the total amount payable in U.S. dollars is enclosed. Make check payable to ASMS.
***Check must be payable through a bank with a U.S. address printed on the check.***
Charge the total amount to my credit card below:

***Type (Visa, AMEX, MC):*** _____
***Credit Card Number:*** _____
***Expiration Date:*** _____
***Cardholder's Name:*** _____
***Cardholder's Signature:*** _____

**SEND TO: ASMS Asilomar Conference, 2019 Galisteo Street , Building I-1 Santa Fe , NM 87505**
**Fax: (505) 989-1073 (Must include payment by credit card)**