

American Phytopathological Society
Potomac Division, Annual Meeting

March 16-18, 2005

Carousel Resort Hotel, 11700 Coastal Highway, Ocean City, MD 21842

Phone: 410-524-1000 & 800-641-0011. FAX: 410-524-7766

www.carouselhotel.com/reservations.html

A block of rooms is reserved until February 22, 2005

2005 Annual Meeting Registration Form

Registrant Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Registration:	<u>Early Registration</u>	<u>Late Registration</u> (After March 1, 2005)
Member	\$ 85.00 _____	\$ 95.00 _____
Nonmember	95.00 _____	105.00 _____
Technician, Student, Emeritus	45.00 _____	55.00 _____
Accompanying person (meals only)	60.00 _____	70.00 _____

Abstract Fee \$ 45.00 _____

If you would like to **join the Potomac Division, APS:**

Full Membership \$ 10.00 _____

Student Membership 5.00 _____

If you would like to **donate to the Memorial Fund:** Amount of Contribution _____

Total

Banquet Meal Choice (Please Select One): Grilled Ahi tuna Steak _____

Prime Rib _____ Cheese Tortellini Primavera _____

Payment type: Check _____ Make checks payable to: APS / Potomac Division

Credit card _____ Visa / MasterCard / American Express (circle one)

Credit Card No: _____ / _____ / _____ ; Exp. Date _____

Signature: _____

(Credit card payments only)

Mail or fax registration form and payment information to:

American Phytopathological Society

C/O Kim Flanegan

3340 Pilot Knob Road

St. Paul, MN 55121-2097

FAX: 651-454-0766 (attention Kim Flanegan)