

**Registration Form**  
**16<sup>th</sup> American Peptide Symposium**  
**Minneapolis, Minnesota, U.S.A.**  
**June 26 – July 1, 1999**

009482

Please type or print clearly. The identical information will be used on badges and in the published participant list.

**I Participant Identification and Address**

**Title** Dr. Prof. Mr. Ms.

**Name** \_\_\_\_\_  
                     First Name                      Middle Initial                      Last Name

**Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province/State** \_\_\_\_\_

**Postal/Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Day Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**II Accompanying Person(s) Registration**

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
   First Name                      Middle Initial                      Last Name

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
   First Name                      Middle Initial                      Last Name

**III Fees Enclosed** Please check appropriate box(es).

Until March 1	After March 1	
← \$395	← \$495	American Peptide Society member†
← \$495	← \$595	Non-member
← \$225	← \$275	Student/Postdoctoral Fellow*, American Peptide Society membe
← \$325	← \$425	Non-member Student/Postdoctoral Fellow*
← \$195	← \$245	Accompanying person
← Complimentary	←	Junior Symposium participant

	Complimentary	
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\*A brief memo, on official institution letterhead, from advisor verifying student or postdoctoral status must be submitted with registration.

†Go to the American Peptide Society website for explanation of Society membership benefits and how to join.

Others:

↓ Extra banquet tickets: \_\_\_ @ \$75 each = \$ \_\_\_ total

↓ Stillwater/St. Croix River Excursion: \_\_\_ @ \$69 = \$ \_\_\_ total

↓ Golf tournament: \_\_\_ @ \$89 = \$ \_\_\_ total

↓ Golf club rental: \_\_\_ @ \$18 = \$ \_\_\_ total

(↓ right or ↓ left handed)

Total Payment enclosed \$ \_\_\_\_\_

Payment Options:

↓ Check (in U.S. dollars drawn on a U.S. bank, payable to the *University of Minnesota*; please enclose with form)

↓ Purchase Order (must accompany form)

↓ Credit Card: (please circle) VISA / Mastercard / Discover / American Express

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

Expiration Date \_\_\_\_\_

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

Signature \_\_\_\_\_

Mail this form and payment, purchase order, or credit card information to:

Registrar

16<sup>th</sup> American Peptide Symposium

University of Minnesota

P.O. Box 64780

St. Paul, MN 55164-0780

U.S.A.

Or, fax with credit card information to: 612-625-2207

Office Use Only: Date Received _____ / _____ / _____
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