



2017 ASCB | EMBO Meeting

Registration Form
Philadelphia, PA • December 2–6, 2017

First Name																				
Last Name																				
Institution																				
Department																				
Title																				
Street																				
City																				
Country													State				Zip			
Telephone																				
Email																				
Badge Name*																				

* If different than indicated on first two lines, provide your name as you wish it to appear on your badge in first name (up to 12 characters)-last name (up to 18 characters) format.

Note: Attendees who have lost their badge may pick up another one from the Badge Replacement counter. Attendees must show a photo ID and pay a fee of \$15. If an attendee loses the second badge, the attendee will need to re-register for the meeting before receiving another badge.

A. Check Appropriate Category:

Member		Nonmember	
___ Regular Member	\$375	___ Regular Nonmember	\$650 \$ _____
___ Postdoctoral Member	\$345	___ Postdoctoral Nonmember	\$550 \$ _____
___ Graduate Student Member	\$140	___ Graduate Student Nonmember	\$275 \$ _____
___ Undergraduate Student Member	\$90	___ Undergraduate Student Nonmember	\$135 \$ _____
___ Emeritus Member	\$130		\$ _____

*Students must present student ID, postdoctoral fellows are *not* considered students. Total A \$ _____

B. Save on Registration by becoming an ASCB Member – New Members complete the back of this form.

Applying for or renewal for:

2017–2018 Regular Member Dues	\$205	\$ _____
2017–2018 Postdoctoral Member Dues	\$97	\$ _____
2017–2018 Graduate Member Dues	\$69	\$ _____
2017–2018 Undergraduate Member Dues	\$32	\$ _____
		Total B \$ _____

Note: ASCB membership is based on a calendar year.

Payment: Visa Master Card American Express Check made payable to ASCB **Total A&B \$ _____**

Card # _____ Exp. Date _____ Sec Code _____

Signature: _____

Billing address for card holder if different than above _____

By submitting this registration form I agree to all the terms and conditions as stated below:

- Registration Policy: I understand that my registration is non-transferable. I further understand that my registration is non-refundable after November 17, 2017.
- Cancellation Policy: The ASCB will honor requests for refunds in writing that are received by the ASCB no later than November 17. Please note that meeting cancellation is subject to a processing fee of \$20 for students and \$40 for all others. No refunds will be issued for requests received after November 17.
- International meeting attendees requiring a visa to attend the 2017 ASCB | EMBO meeting are encouraged to apply for visas as soon as possible. Registration refunds will not be issued after November 17 for denied visas.
- Photographs will be taken at the 2017 ASCB | EMBO meeting. By registering for this meeting, you agree to allow the ASCB and/or EMBO to use your photo in any ASCB and/or EMBO related publications or on the ASCB and/or EMBO website. Each individual attending the 2017 ASCB | EMBO meeting assumes all risk associated with his or her attendance and participation in on and offsite activities. Each individual attendee agrees to indemnify and hold harmless the ASCB, EMBO and their governing bodies, officers, directors, employees, and/or agents from all loss, damage, or liability arising out of or related to his or her attendance at the 2017 ASCB | EMBO meeting.

Signature _____

Date _____



2017 ASCB | EMBO Meeting

Onsite Registration Form
Philadelphia, PA • December 2–6, 2017

Membership Application

Year of Birth _____

Academic Degrees

For Postdoc, Graduate, and Undergrad Student Membership Only

Print name of Principal Investigator or Dissertation Advisor

This form allows registration for this meeting at member rates. ASCB membership includes online subscription to *Molecular Biology of the Cell*. Membership dues are not refundable. Benefits including *MBoC* subscription will be initiated in January 2017 upon receipt of the completed application in anticipation of retroactive membership approval. **Membership will become official *only* after the applicant completes and returns the Application for Membership to the ASCB and it is approved by the ASCB.** _____ Initial

Please indicate all your areas of interest.

- | | | |
|---|---|---|
| <input type="checkbox"/> Actin Cytoskeleton/Actin-Based Structures | <input type="checkbox"/> Biophysics | <input type="checkbox"/> Cancer Cell Biology |
| <input type="checkbox"/> Cell Division/Cell Cycle | <input type="checkbox"/> Cell Migration and Motility | <input type="checkbox"/> Cell Polarity |
| <input type="checkbox"/> Cell Tissues | <input type="checkbox"/> Cell-Matrix and Cell-Cell Interactions | <input type="checkbox"/> Cilia and Flagella |
| <input type="checkbox"/> Computational Biology | <input type="checkbox"/> Development and Morphogenesis | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Glycobiology | <input type="checkbox"/> Imaging | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Intermediate Filaments | <input type="checkbox"/> Lipid Biology | <input type="checkbox"/> Mechanics and Mobility |
| <input type="checkbox"/> Membrane Trafficking | <input type="checkbox"/> Microbial Biology | <input type="checkbox"/> Microtubule Cytoskeleton/MT-Based Structures |
| <input type="checkbox"/> Molecular Motors | <input type="checkbox"/> Neurobiology | <input type="checkbox"/> New Technology and Frontiers |
| <input type="checkbox"/> Nuclear Structure and Function | <input type="checkbox"/> Organelles and Membrane Biology | <input type="checkbox"/> Parasitology |
| <input type="checkbox"/> Proteostasis, Cell Stress and Aging | <input type="checkbox"/> RNA Biology | <input type="checkbox"/> Science Education |
| <input type="checkbox"/> Signal Transduction and Signaling Networks | <input type="checkbox"/> Stem Cell Biology | <input type="checkbox"/> Translational Research |
| <input type="checkbox"/> Regulation and Organization of the Genome | <input type="checkbox"/> Other _____ | |

Please indicate all your experimental approaches.

- | | | |
|---|--|--|
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Chemistry/Chemical Biology | <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Structural Biology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Virology | <input type="checkbox"/> Drug Development/Pharmacology |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Bioengineering |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Proteomics | <input type="checkbox"/> Bioinformatics |
| <input type="checkbox"/> Computational Biology | <input type="checkbox"/> Systems Biology | <input type="checkbox"/> Light/Fluorescence Microscopy |
| <input type="checkbox"/> Live-Cell Microscopy | <input type="checkbox"/> Electron Microscopy | <input type="checkbox"/> Synthetic Biology |
| <input type="checkbox"/> Organism Physiology | <input type="checkbox"/> Other _____ | |

Please indicate all your model systems.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Drosophila | <input type="checkbox"/> Mammalian Cells | <input type="checkbox"/> Yeast |
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Protista | <input type="checkbox"/> C. elegans |
| <input type="checkbox"/> Zebrafish | <input type="checkbox"/> Xenopus | <input type="checkbox"/> Mouse |
| <input type="checkbox"/> Stem Cells/iPS Cells | <input type="checkbox"/> Plants | <input type="checkbox"/> Other _____ |

Work Environment

Academia Industry Government Other _____

Teaching

Community College PUI PhD Granting Univ. Prof School Public High School
 Undergrad Graduate Medical None

Current Funding

NIH NSF USDA DOE VA DOD NASA HHMI Other Federal Private Funds

Gender

Male Female Prefer not to disclose