

**ACUBE 54th Annual Meeting Registration Form**  
**Lourdes College**  
**October 8-9, 2010**

**I. Personal Information:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ADDRESS PREFERRED FOR MAILINGS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Position:**  Faculty  dept head/chair  administrator  graduate student/post-doc

**Years teaching:**  1-3  4-7  8-12  13-17  18-20  21+

This is my first ACUBE Conference:  Yes  No

other

**Level:**  two-year college  four-yr college/university  other

**I. Conference Registration Fees**

	<u>Before 9/24/10</u>	<u>After 9/24/10</u>
<b>ACUBE member:</b>	<b>\$120</b>	<b>\$150</b>
<b>Student:</b>	<b>\$60</b>	<b>\$80</b>
<b>K-12 teacher:</b>	<b>\$60</b>	<b>\$80</b>
<b>Non-member</b>	<b>\$150</b>	<b>\$180</b>

**II. 2011 Membership Dues: \$45**

**TOTAL ENCLOSED** (Please make checks payable to ACUBE) \_\_\_\_\_

*Credit card payment available on site. Please submit your registration form and make a note that you will be paying on site with a credit card.*

**Special needs (food, facilities, etc.). Please note if you would like a vegetarian meal on Friday evening.**

**Please send registration form and payment to:**

Marya Czech

ACUBE Local Arrangements Chair

Department of Biology

Lourdes College

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