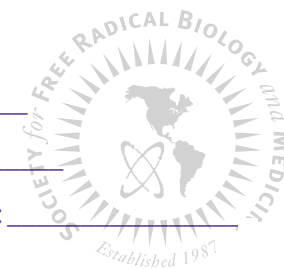


SFRBM 2008 REGISTRATION FORM



Name: _____ Degree: _____

Affiliation: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ **New Member** **First Time Attendee**

Require SFRBM to assign you a roommate **Yes** **No** **If yes, registrant is:** **Male** **Female** **Arrival Date:** _____ **Departure Date:** _____

If yes, may SFRBM share your email address with others interested in a roommate? **Yes** **No**

***Gender** **Male** **Female** **Optional - the following question is being asked by the Women in Science (WIS) Committee to survey the number of female SFRBM members and contact them for possible participation in the WIS Committee. You are NOT required to furnish this information and in no way is this question intended to offend or discriminate any person/s.*

Saturday Banquet Choice: (please check one) **Chicken** **Fish** **Vegetarian** **Not Attending**

REGISTRATION FEES:

- SFRBM Regular Member
- SFRBM Postdoc & Student Member
- SFRBM Emeritus Member
- ISFRR Member*
- Non-Member Regular
- Non-Member Postdoc & Student
- Guest Registration (Receptions, Banquet & Hospitality only)

Pre-registered (by Oct. 17)

- \$450
- \$225
- \$250
- \$450
- \$575
- \$300
- \$150

Late & Onsite

- \$500
- \$275
- \$300
- \$500
- \$625
- \$350
- \$200

Guest Name: _____

Pre - Meeting Workshop –

Mass Spectrometry in Free Radical Research

- \$125 member
- \$175 non-member
- \$175 member
- \$225 non-member

Opening Doors Event

- \$25 Student/Postdoc
- \$35 Senior Investigator
- \$30 Student/Postdoc
- \$40 Senior Investigator

**The SFRBM member fee is extended to all ISFRR members, provided proof of current membership in a ISFRR-affiliate society is provided upon registration*

METHOD OF PAYMENT: **Check**** **Visa** **Mastercard**

Card Number: _____ Exp. Date: _____

Cardholder Name (please print) _____ Signature _____

Unless appropriate check/charge information accompanies this form you will NOT be considered pre-registered.

***Payable to the Society for Free Radical Biology and Medicine. All checks must be made in U.S. Dollars, drawn on U.S. Banks. U.S. postal money orders and U.S. travelers checks are also accepted.*

PHONE REGISTRATION NOT ACCEPTED.

Please select one of the following three options:

- 1.** On-Line www.sfrbm.org
- 2.** By Fax (317)205-9481 (Visa/MC)
- 3.** By Mail
SFRBM
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(Check/Visa/MC)

- It is very important that you enjoy SFRBM 2008. If due to a disability, you have any special needs or requirements, please call (317) 205-9482 and we will do our best to accommodate your needs.
- Fees include all receptions, breaks and banquet. Requests for refunds will be honored if received in writing by November 6, 2008. Please note that all refunds will be issued AFTER the meeting and will be subject to a \$50 processing fee.
- For additional registrants, please make photocopies of this form. Full registration fees must accompany this form.