

SFRBM 2011 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

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

REGISTRATION FEES:

Pre-registered (by Oct. 15)

Late & Onsite

Full SFRBM Member \$535 \$585

Student/Post-doc* SFRBM Member \$275 \$325

*Post-doc Members are those with five (5) years or less from the date they received their doctorate.

SFRR-I Member* \$535 \$585

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

Emeritus SFRBM Member \$250 \$300

Non-Member Regular \$685 \$735

Non-Member Postdoc & Student \$350 \$400

Guest Registration (Receptions, Banquet & Hospitality only) \$150 \$200

Guest Name: _____

PRE-MEETING WORKSHOP: Lipid Oxidation: An Overview of Methods,

Products, and Functional Effects *In Vivo* \$175 member \$225 member

\$200 non-member \$250 non-member

Opening Doors Event \$25 Student/Postdoc \$30 Student/Postdoc

\$35 Senior Investigator \$40 Senior Investigator

PROFESSIONAL DEVELOPMENT SESSIONS:

You may choose to attend one session per day. These sessions are **complimentary** and part of your conference registration.

Thursday, November 17, 12:45 pm – 1:45 pm

How to Promote Academic-Biotechnology Interactions How to Interview and Be Interviewed Successfully

Friday, November 18, 12:45 pm – 1:45 pm

How to Write the Training Plan of a Fellowship Application How to Give an Effective Short Presentation

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 (SFRBM). 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.

CANCELLATIONS & REFUNDS:

Fees include all receptions, breaks and banquet. Requests for refunds will be honored if received in writing by November 5, 2011.

Please note that all refunds will be issued AFTER the meeting and will be subject to a \$50 processing fee.

It is very important that you enjoy SFRBM 2011. 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.

PHONE REGISTRATION NOT ACCEPTED.

Please select one of the following three options:



www.sfrbm.org



fax: (317) 205-9481 (Visa/MC)



SFRBM
8365 Keystone Crossing
Suite 107
Indianapolis, IN 46240
(Check/Visa/MC)