

Family Name: _____

First Name: _____ **Middle Initial:** _____

Dept: _____

Inst./Company: _____
(will be printed on name badge)

Street: _____

City: _____

State/Prov. _____ **Zip/Postal Code:** _____

Country: _____

Telephone: _____ **Fax:** _____

E-mail: _____

Additional Information

Are you an ACA Member? No Yes

Are you an Invited Speaker? No Yes* **Session #** _____

*If yes, check with your session chair for the appropriate registration fee.

_____ Check here if you are attending the ACA Meeting for the first time.

_____ Check here if you are joining the ACA now.
(Include a completed membership application form with payment or join online at the time of registration.)

Deadlines & Cancellations

Registration forms must be submitted on or before 11:00p.m., EST, May 31, 2010, to be eligible for the advance registration rate. On or after June 1, registrations will be accepted at the higher rate. On-site registration will also be available at the higher rate. Fees for workshops and social events are separate from the registration fee but should be included in the total payment. Purchase orders not accepted. A \$25 fee applies to returned checks.

*Non-Member registration includes a complimentary membership in the ACA beginning the first day of the meeting and ending December 31, 2010. Attendance at the meeting is required. Those registering as Non-Member Post Docs or Non-Member Students must include documentation of this status with the registration form.

**One-day registration is available for students and postdocs only. It is valid for one day from 7:30am-11:59pm and cannot be split between days. Tickets for the social events must be purchased separately. The event must take place on the day for which registration has been completed.

Cancellation requests should be made in writing to ACA Headquarters. Requests received by June 1, 2010 will receive 100% of the total remittance. Requests received between June 1 and June 30, 2010 will be honored minus 50% of the total remittance. Fees will not be refunded after June 30th, 2010.

Submit form:

Email: aca@hwi.buffalo.edu **Fax:** (716) 898-8695

Mail: ACA Meeting Registration
 PO Box 96 Ellicott Station
 Buffalo, NY 14205-0096 USA

Make checks payable to: American Crystallographic Assn., Inc. **ACA F.I.D. number:** 22-6075182

www.AmerCrystalAssn.org

Registration (Prices are in US dollars)

	On or Before May 31	On or After June 1
Members		
___ Regular Member	\$450	\$650
___ Retired Member	\$175	\$265
___ Post Doc Member	\$220	\$330
___ Student Member	\$175	\$265
Non-Members*		
___ Non-Member	\$650	\$950
___ Post Doc Non-Member	\$330	\$495
___ Student Non-Member	\$265	\$396
___ Guest: Name _____	\$50	\$50
One-day Registration**		
Available only to Students and Postdocs	\$125	\$145
Day (choose ONE): ___ Sun ___ Mon ___ Tue ___ Wed <u>___</u> Thur		
Total Registration \$ _____		

Workshops

___ WK.01 Global Phasing	\$135	\$170
___ WK.02 PLATON	\$140	\$175
___ WK.03 Sulfur-SAD Data Collection	\$120	\$150
___ WK.04 CCP4 Suite	\$120	\$150
Total Workshops \$ _____		

Social Events

Opening Reception - Saturday, July 24

___ Yes, I will attend the Opening Reception **Free** # Attending _____

YSSIG Mixer - Sunday, July 25

___ Registered Students & Post Docs **Free** # of Tickets _____

___ All Other Registered Attendees **\$20** # of Tickets _____

Mentoring Dinner - Monday, July 26

___ Mentee Ticket (Registered Students & Post Docs) **\$25** # of Tickets _____

___ Mentor Ticket **\$35** # of Tickets _____

Awards Banquet - Wednesday, July 28

___ Registered Students **\$30** # of Tickets _____

___ All Other Registered Attendees **\$60** # of Tickets _____

Entree choice(s): ___ Beef ___ Chicken ___ Vegetarian

Please contact the Registrar for any special dietary needs.

Total Social Events \$ _____

GRAND TOTAL \$ _____

Payment

___ VISA ___ MasterCard ___ AmExpress ___ U.S. Check

Credit Card Number: _____ Name of Card Holder: _____

Exp. Date: ___/___ Security Code: _____ (3 digit number on back of card)

___ I hereby authorize the ACA to charge this credit card number with the above listed fees.

Signature: _____ Date: _____