



American Crystallographic Association, Inc.

# Advance Registration Form

## CHICAGO, IL

### July 24 - 29, 2010

www.AmerCrystalAssn.org

Phone 716.898.8690

Fax 716.898.8695

aca@hwi.buffalo.edu

▲ Family Name \_\_\_\_\_ ▲ Middle Name/Initial \_\_\_\_\_

▲ First Name \_\_\_\_\_

▲ Dept. \_\_\_\_\_

▲ Institution/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

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.)

Are you an Invited Speaker?  No  Yes: Session # \_\_\_\_\_

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

### 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 bounced 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.

Registration Forms can be faxed to (716) 898-8695 or mailed to:

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

### Registration (Prices are in US dollars.)

	On or Before May 31	On or After June 1
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Members		
<input type="checkbox"/> Regular Member	\$450	\$650
<input type="checkbox"/> Retired Member	\$175	\$265
<input type="checkbox"/> Post Doc Member	\$220	\$330
<input type="checkbox"/> Student Member	\$175	\$265

Non-Members*		
<input type="checkbox"/> Non-Member	\$650	\$950
<input type="checkbox"/> Post Doc Non-Member	\$330	\$495
<input type="checkbox"/> Student Non-Member	\$265	\$396
<input type="checkbox"/> Guest Name _____	\$50	\$50

### One-day Registration\*\*

Day (choose ONE):  Sun  Mon  Tues  Wed  Thurs

<input type="checkbox"/> Students/Postdocs	\$125	\$145
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**Total Registration \$ \_\_\_\_\_**

### Workshops

	On or Before May 31	On or After June 1
<input type="checkbox"/> WK.01 Global Phasing	\$135	\$170
<input type="checkbox"/> WK.02 PLATON	\$140	\$175
<input type="checkbox"/> WK.03 Sulfur-SAD Data Collection	\$120	\$150
<input type="checkbox"/> 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 . . . . . \$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 see the Registrar for any special dietary needs.

**Total Social Events \$ \_\_\_\_\_**

**GRAND TOTAL ENCLOSED \$ \_\_\_\_\_**

### Payment

VISA  MasterCard  AmExpress  U.S. Check

Credit Card Number: \_\_\_\_\_

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

▲ Print name of Card Holder \_\_\_\_\_

▲ Authorized Signature of Card Holder \_\_\_\_\_