



American Crystallographic Association, Inc.

Advance Registration Form
2014 Annual Meeting
May 24 - May 28, Albuquerque, NM

www.AmerCrystalAssn.org
Phone 716.898.8690
Fax 716.898.8695
aca@hwi.buffalo.edu

Family Name:
First Name: Middle Initial:
Dept:
Inst./Company:
Street:
City:
State/Prov. Zip/Postal Code:
Country:
Telephone: Fax:
E-mail:

Are you an ACA Member?
Are you an Invited Speaker?
Would you like to be a Poster Prize Judge...
Check here if you are attending the ACA Meeting...
Check here if you are joining the ACA now.

Deadlines & Cancellations

Registration forms must be submitted on or before 11:00p.m., EST, March 31, 2014, to be eligible for the advance registration rate.

*Non-Member registration includes a complimentary membership in the ACA beginning the first day of the meeting and ending December 31, 2014.

Cancellation requests should be made in writing to ACA Headquarters. Requests received on or before April 1, 2014, will receive 100% of the total remittance.

Submit form:

Email: aca@hwi.buffalo.edu
Mail: ACA Meeting Registration
PO Box 96 Ellicott Station
Buffalo, NY 14205-0096 USA
Fax: (716) 898-8695
Make check payable to: American Crystallographic Assn., Inc.
ACA F.I.D. number: 22-6075182

Registration (Prices are in US dollars)

Table with columns: Members, Non-Members*, Guest, Total Registration \$

Workshops

Table with columns: WK.01 - Joint Neutron and X-ray Structure Refinement, WK.02 - Grazing Incidence SAXS Theory and Data Analysis, WK.03 - Reciprocal Space Visualization - MAX3D, Total Workshop \$

Social Events

Table with columns: Opening Reception - Saturday, May 24, YSSIG Mixer - Sunday, May 25, Undergraduate Reception - Sunday, May 25, Awards Banquet - Wednesday, May 28, Total Social Events \$

GRAND TOTAL \$

Payment

Method: U.S. Check, VISA, MasterCard, AmExpress
Credit Card number:
Exp. Date CVV2 Code
Name of Cardholder:
Signature: Date:

Is the address above the billing address of the credit card?
Inst./Co.
Street
City St/Prov.
Zip Code Country

www.AmerCrystalAssn.org

I hereby authorize ACA to charge this credit card number with the fees included in the Grand Total