

Missouri Academy of Science (MAS)

2007-Missouri Western State University

Senior Division

Postmarked: February 9 for Presenters/April 1 Non-Presenters

(One person listed per form)

Last Name: _____ First Name: _____ MI: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Institution: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Email Address: _____

I am: (check one) Faculty Graduate Student Retired/Emeriti Undergraduate Student Visitor (spouse, etc.)

Are you presenting? Yes No (If you are presenting, one author MUST be a MAS member!)

In Which Category? (Please check only **ONE**):

- | | | | | |
|---------------------------------------|---|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Atmospheric Sciences | <input type="checkbox"/> Biology | <input type="checkbox"/> Biomed/Biotech | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Physics | <input type="checkbox"/> Engineering | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Speleology | <input type="checkbox"/> Geology/Geophysics | <input type="checkbox"/> Science Ed | | |

I will judge **Junior** **Collegiate** division papers on Friday in Section: _____

Special Needs/Disabilities _____

Registration Fees:

(Add \$10 if after the deadline)

Please fill out the corresponding registration information:

Faculty/Professional/Other Presenters

- | | |
|---|----------|
| <input type="checkbox"/> MAS Member | \$ 35.00 |
| <input type="checkbox"/> Non Member (includes membership) | \$ 65.00 |
| <input type="checkbox"/> Non Member/Non-Presenter | \$ 40.00 |
| <input type="checkbox"/> Retired/Emeriti | \$ 7.50 |

Grad Student

- | | |
|---|---------|
| <input type="checkbox"/> MAS Member | \$15.00 |
| <input type="checkbox"/> Non MAS Member | \$20.00 |
| <input type="checkbox"/> Visitor | \$ 5.00 |

Sub total _____

Meal Prices:

- | | |
|---|---------|
| <input type="checkbox"/> Friday Night Banquet | \$14.00 |
| <input type="checkbox"/> Saturday Breakfast | \$ 8.00 |
| <input type="checkbox"/> Saturday Lunch | \$ 7.50 |

Sub total _____

Vegetarian Yes No

Sale Items and Publication Fee

- | | |
|--|---------|
| <input type="checkbox"/> A lapel pin. | \$ 5.00 |
| <input type="checkbox"/> A abstract publication fee. | \$12.50 |

Sub total _____

Total Amount Enclosed: \$ _____ *includes all subtotals*

NO REFUNDS! Meals must be ordered in advance, as they will not be sold on-site! (Please pick up your name badge and meal tickets, if purchased, at registration)

Send with payment to: **Missouri Academy of Science**
W. C. Morris 206A
University of Central Missouri
Warrensburg, MO 64093

Phone: 660-543-8734
Fax: 660-543-4355
Email: macy@cmsu.edu

NAME BADGES ARE TO BE WORN AT ALL TIMES.