

The 18th International Conference on
Arabidopsis Research
June 20-23, 2007
Conference Registration Form

Please type or write clearly in block letters and check boxes where appropriate.

This Registration Form is for one delegate only and his/her accompanying person(s). For more delegates, please have this form photocopied.

You are kindly requested to mail/fax/email the form together with a copy of your remittance invoice or receipt (if paid in advance) to the following person before **March 20, 2007**:

Ms. Zhao Huan,

China Comfort Travel Group Co., Ltd.

12th Floor, Jingchao Plaza, No.5, Nongzhanguan Nanlu Beijing, 100026, China

E-mail: zhaohuan@cct.cn

Fax: +86 10 65301683

Tel: +86 10 65956417

Receipt Date:	Confirmation Date:	Reg. Number:
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▲For staff use only

Basic Information

Title: ☐Prof. ☐Dr. ☐Mr. ☐Mrs. ☐Ms.

First name: _____ Middle initial: _____ Last name: _____

Indicate how you would like your name to appear on the conference badge (e.g Dr. Mark Smith, Ms.

Yan Fu, Sonia Redy) _____

Mailing address: _____

City : _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Passport Number: _____ Nationality: _____

Name(s) of accompanying person(s): _____

Special dietary restrictions (e.g., lacto-ovo vegetarian, vegan (no animal products etc):

(Optional: Dietary Restrictions for accompanying person(s))

Restrictions for accompanying person #1 _____

Restrictions for accompanying person #2 _____

Restrictions for accompanying person #3 _____

ICAR reserves the right to limit registration in case of space limitations.

We encourage early registration to avoid disappointment.

Registration Fees

	Registered and paid before March 20, 2007	Registered and paid after March 20, 2007
Student/Post doctoral fellow (must provide evidence of eligibility, see bottom of form)	<input type="checkbox"/> RMB2,400 (~US\$300)	<input type="checkbox"/> RMB3,600 (~US\$450)
Regular	<input type="checkbox"/> RMB3,600 (~US\$450)	<input type="checkbox"/> RMB4,800 (~US\$600)
Accompanying person and /or children	<input type="checkbox"/> Meals together at conference RMB960(~US\$120 per person) <input type="checkbox"/> No Meals Included	<input type="checkbox"/> Meals together at conference RMB960(~US\$120 per person) <input type="checkbox"/> No Meals Included

*Note: The amount charged to your credit card will be calculated based on the current conversion rate and the corresponding amount in RMB should be the price listed above.

Summary of Charges

Registration Fees (select only ONE option; student/postdoc eligibility must be indicated at bottom of form)

Student/post-doc BEFORE March 20, 2007 (RMB2,400) ☐

Student/post-doc AFTER March 20, 2007 (RMB3,600) ☐

Regular registrant BEFORE March 20, 2007 (RMB3,600) ☐

Regular registrant AFTER March 20, 2007 (RMB4,800) ☐

Optional Meals for Additional Accompanying Person(s)

Name 1 _____ (RMB960) ☐

Name 2 _____ (RMB960) ☐

Name 3 _____ (RMB960) ☐

Subtotal (Please add reg. fees and any extra meals): _____ **RMB**

Payment Options

☐ Credit Card (The payee is China Comfort Travel Group Co., Ltd. Payment by credit cards will be charged in RMB and a 4% service fee will be charged to your card. A clear copy of both sides of the credit card should be included with this form).

Payment by ☐ Visa ☐ Master card ☐ American Express

RMB ¥ (Subtotal from above) _____ × 1.04 = RMB ¥ _____ **Grand Total**
for Credit Card Charge (including the 4% credit charge fee)

Card Number: _____ Expiry Date: ____/____ (mm/yy)

Name on card (print or type):

Signature of Card holder:

(Signature authorizes charge and acknowledges cancellation policy- see conference website for details, or see statement at end of this form)

Note: you may insert a digital signature (scanned handwritten signature) above and submit the form by email. If you don't have a digital signature, you must print form out, sign by hand, then fax or mail by regular post. We recommend faxing over regular post to expedite registration.

☐ **Bank Telegraphic Transfer** (Bank charges vary by bank and will be paid by the participant)

I have remitted the subtotal amount from my bank (indicate name here :) _____
on _____ (date) payable in US dollars to the following account:

Account No: 00100016908091014

The payee is China Comfort Travel Group Co., Ltd.

Bank Address: The Bank of China, Head Office

Swift Code: BKCHCNBJ

1 Fuxingmen Nei Dajie, Beijing 100026, China.

****Please write “Arabidopsis” and the registrant’s name in the transfer message (eg: Arabidopsis registration fee for Dr. Helen Sanford) ****

Please fax a copy of your remittance invoice or receipt together with this form to:

Ms. Zhao Huan +86-10-65301683

For Student and Post-Doc Eligibility

Student/Post-doc name: _____

University/Institute: _____

“I can certify that (1) the above-named student is presently enrolled at this university/institute and is working toward a degree in a field related to plant biology OR (2) the above-named postdoctoral fellow is presently employed at this university/institute and is working in a field related to plant biology”.

➤ Name/Signature of Department Head or Principal:

Printed name: _____

Title (e.g. Chair, Department Head, Principal): _____

Signature _____ Date _____ (mm/dd/yy)

➤ Signature of Student/Postdoctoral Fellow certifying that this information is true:

Signature _____ Date _____ (mm/dd/yy)

Refund Policy and Cancellation Charge

Cancellation received by the Secretariat	Before May 20	After May 20
Registration Fee	50% charged	No refund
Pre-and Post- Conference Tour	US\$100 charged	No refund

Note: you may insert digital signatures (scanned handwritten signature) above and submit this form by email. If you don't have digital signatures, you must print form out, sign by hand, then fax or mail by regular post. We recommend faxing over regular post to expedite registration.

Please make one photocopy of this form and keep for your own reference