



## 2008 AOSA – SCST Annual Meeting

### Registration Form

Name (exactly as you wish it to appear on your badge, please fill in one form per person):

Agency or Company:

Address:

City, State, Postal Code:

Phone Number: Fax Number:

Email Address:

Emergency Contact (optional) Name: Phone Number:

#### REGISTRATION FEES

	Amount
Please contact 952-492-3402 for additional registration options.	
PARTICIPANT REGISTRATION	\$400.00
GUEST REGISTRATION (Includes Banquet and Riverboat cruise)	\$100.00
Como Park trip (Includes transportation, admission and box lunch) Tues June 10	\$ 25.00
T-shirt with 2008 Meeting Logo ___XXL ___XL ___L ___M ___S	\$ 10.00
<b>Workshops:</b>	<b>Amount</b>
GENETIC TECHNOLOGY WORKSHOP - June 7 <sup>th</sup>	\$100.00
STATISTICS WORKSHOP - June 7 <sup>th</sup> (1:00pm-5:00pm)	\$50.00
NATIVE SEED QUALITY WORKSHOP - June 7 <sup>th</sup>	\$125.00
Late Fee (if payment not received by May 1, 2008) Meals cannot be guaranteed for registrants after May 15 <sup>th</sup>	\$50.00
<b>TOTAL:</b>	

Special Needs:

Make checks payable to: 2008 AOSA/SCST Annual Meeting

Credit card payment: Visa and MasterCard only

Credit card number:

Expiration date: CID# (three digit code on signature line of card)

Card issued to (name on card):

Please note a 5% fee will be added for credit card transactions.

**Return form to:** [denise.thiede@biodiagnostics.net](mailto:denise.thiede@biodiagnostics.net)

**Or mail with check to:** Attn: 2008 AOSA/SCST Annual Meeting; BioDiagnostics, Inc, 507 Highland Drive, River Falls, WI 54022