

## 2020 ASOR ANNUAL MEETING **REGISTRATION**

NOVEMBER 18-21 | BOSTON, MASSACHUSETTS

Register online by following the links at www.asor.org/am

|  | <del> </del>                  | First Name               |                         |  |  |
|--|-------------------------------|--------------------------|-------------------------|--|--|
| Institution (for name badg   | je)                           |                          |                         |  |  |
| Mailing Address  |                               |                          |                         |  |  |
| City   | State                         | e Postal Co              | de                      | _ Country  |  |
| CityHome Tel   | Work Tel.                     | Fax No                   | Email                   |  |  |
| REGISTRATION F   | <u> </u>                      | ate dollar amour         | <br>nt]:                |  |  |
| ASOR membership must be  |                               |                          | •                       |  |  |
| 1  | EARLY BIRD                    | SUPER SAVER              | ADVANCE                 | ON-SITE  |  |
|  | Nov. 24 - July 8              | July 9 - Sept. 11        | Sept. 12 - Nov. 13      | Nov. 18 - 21   |  |
| Member   | \$200                         | \$240                    | \$290                   | \$340  |  |
| Non-Member*  | \$240                         | \$280                    | \$330                   | \$380  |  |
| Student Member   | \$115                         | \$155                    | \$205                   | \$255  |  |
| Student at ASOR Member Sch   | hool \$110                    | \$150                    | \$200                   | \$250  |  |
| Early Career Member  | \$155                         | \$195                    | \$245                   | \$295  |  |
| Spouse/Partner **  | \$175                         | \$215                    | \$265                   | \$315  |  |
| ☐ Please check this box  | if you are presenting a       | paper.                   |                         |  |  |
| Notes: Paper and poster present  | ers must be registered as a p | rofessional, early caree | r, retired or student m | ember. Scholarships may be                                   |  |
| available for student members.   |                               |                          |                         | •  |  |
| *Rate includes an Associate me   | mbership with ASOR.           |                          |                         |  |  |
| **Rate only applicable if spous  | e/partner and member regist   | er on the same form.     |                         |  |  |
| Spouse/Partner name:   |                               | S/P institution:         |                         |  |  |
|  |                               |                          |                         |  |  |
| PAYMENT:   |                               |                          | ۸۶۸                     | OR   |  |
|  | ard □ Visa for \$             |                          | ASC                     |  |  |
| Please bill my   Masterc   |                               |                          |                         | James F. Strange Cente                                       |  |
| Please bill my  Masterc Card Number  |                               |                          | The                     | James F. Strange Cente<br>Commerce Street                    |  |
| Please bill my  Masterc Card Number Expir  | ration Date/_                 |                          | The 209                 | •  |  |
| Please bill my  Masterc Card Number CVV code Expir Zip Code of Billing Addre   | ration Date/_                 |                          | The 209 Alex            | Commerce Street  |  |
| Please bill my  Masterc Card Number CVV code Expir Zip Code of Billing Addre Name of Card Holder   | ration Date/_                 |                          | The 209 Alex Ema        | Commerce Street<br>andria, VA 22314                          |  |
| PAYMENT: Please bill my □ Masterc Card Number CVV code Expir Zip Code of Billing Addre Name of Card Holder Signature My check is enclosed in the | ration Date/_                 |                          | _ The 209 Alex Ema      | Commerce Street<br>andria, VA 22314<br>il: meetings@asor.org |  |

processed after the meeting and will be issued by February 1.