Peromyscus Symposium

Wednesday, May 30 – Thursday, May 31, 2018 Inn at USC Wyndham Garden Columbia Columbia, South Carolina, USA

Personal Information Please type your information as you would like it to appear on symposium materials. First Name* _____ Last Name*____ Organization* _____ Professional Title _____ Email* Primary Phone* _____ City* ______ State*_____Postal Code* ____ Country* *Required information **Registration Fees** Your registration fee includes lunch and refreshment breaks, on both days, and a banquet dinner on Wednesday. ☐ Faculty (\$300) Registration: Students and Postdocs (\$150) **Conference Dinner:** Will you attend the Banquet Dinner on Wednesday, May 30, 2018? ☐ Yes ☐ No ☐ Yes (\$30) ☐ No Will you bring a guest with you to the Banquet Dinner? If yes, what is your guest's first and last name? _ TOTAL DUE \$____ Special Assistance | Requests Please indicate if you need any form of assistance or accommodations either with the hotel or conference facilities. Please be as specific as possible. Please indicate if you have any dietary restrictions or special requests.

If you are experiencing difficulties with the registration process please contact Conference & Event Services at +1-803-777-9444 or confs@mailbox.sc.edu.

Symposium questions can be directed to Dr. Hippokratis Kiaris at Kiarish@cop.sc.edu.

Method of Payment (Mail or Fax)

Cancellation Policy

Requests must be received in writing to confs@mailbox.sc.edu. You may either send a substitute or receive a refund minus a \$65.00 processing fee if your request is received on or before Monday, April 30, 2018. No refunds will be granted after Monday, April 30, 2018 for any reason. In the event of bad weather or the conference is cancelled, symposium organizers are not responsible for nonrefundable travel fares or lodging, nor will any refunds be issued to registrants, exhibits, sponsorships, event activities or associated fees.

Method of	i ayıncın (ime	an or rax,			
CEC Office Use Only:					
DATE:N	ИТН <u>\$</u>	APPVL	A	CC 4	Exp
Please complete the payment information and mail this registration form with your payment to: Peromyscus Symposium Continuing Education and Conferences University of South Carolina 1705 College Street, Suite 201 Columbia, SC 29208, USA					
, , ,	stration to +1-803-777-20		of payment payable t	o the University	of South Carolina.
	-	_			
☐ Check	☐ IIT (USC Department	nts Only) Account		Fund	
■ Mastercard	☐ American Express	☐ VISA	☐ Discover		
PLEASE PRINT The charge on your credit card statement will appear from the University of South Carolina Name on Card:					
Cardholder Signature:			Date:		
CVV Number:	_ Card Number:			Expiration:	

Please do not scan and email this form with credit card information.

It is not secure and will not be accepted