Midwest Section of AOAC International Annual Meeting and Exposition 2011

Attendee Registration Form

June 6-9, 2011
Holiday Inn Downtown – Lincoln
141 North 9th Street
Lincoln, NE 68508
402-475-4011

REGISTRATION INFORMATION – ALL FIELDS REQUIRED (PLEASE TYPE OR PRINT)

Last Name _____ First Name _____ Middle Initial _____

Name as You Want It to Appear on Your Badge _____

Company or Organization _____ Job Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone Number (with Area Code) _____ FAX Number _____

E-mail Contact _____

PLEASE CHECK ALL THAT APPLY

□ Exhibitor □ Session Chair □ Session Speaker □ Poster Author □ AOAC Member □ Student

MIDWEST AOAC SECTION MEETING REGISTRATION FEES

EARLY REGISTRATION *(On or before April 15, 2011)*
□ Full meeting registration -- **$175.00**
□ Single day registration -- **$125.00**
□ *Workshops *ONLY* (Thursday 6/9) -- **$125.00**

Full meeting registration (for one person) includes:
Technical sessions, NFTA Symposium, AAFCO, AAPFCO, and AAPCO *Workshops, Vendor Expo & Mixer, two lunches, two morning & afternoon breaks, and Tuesday dinner buffet.

LATE & ON-SITE REGISTRATION *(After April 15, 2011)*
□ Full meeting registration -- **$225.00**
□ Single Day registration -- **$150.00**

Single day registration (for one person) includes:
Technical sessions, Vendor Expo, morning and afternoon break, and lunch. _____**Tues. 6/7** _____**Wed. 6/8**

>Students can register to attend Technical Sessions ONLY, at no charge. Please present current student I.D. at registration desk.

***AAFCO, AAPFCO, and AAPCO Workshops have limited enrollment. Space will be filled on a first-come, first-served basis to State Regulatory agencies, if registered by April 15, 2011.** After April 15th, any available spaces will be filled on a first-come, first-served basis to all attendees. You will be notified by E-mail, of the workshop(s) you are enrolled in after receipt of your registration.

Please check all that apply (○Workshops):
○ Pesticide Formulations/Sample Collecting (Tuesday, 6/7, ***FULL DAY***)
○ Feed/Fertilizer Sample Prep (Thursday, 6/9, ***AM* only**)
○ Starch in Feeds (Thursday, 6/9, ***FULL DAY*** - limit **12**)
○ Ion Selective Electrode Analysis (Thursday, 6/9, ***AM* only** - limit **12**)
○ Mycotoxin Analysis (Thursday, 6/9, ***PM* only - AM session is FULL**)
○ Fatty Acids in Feeds (Thursday, 6/9, ***FULL DAY*** - limit **10**)

□ Special **Diet**_____ □ Monday **Golf** Tournament □ I plan on attending the Tuesday **Stadium Tour**

□ Extra meal tickets - $18 ea ._____Lunch Tues. _____Lunch Wed. _____Monday Mixer _____Tuesday dinner buffet = **Total$**_____

METHOD OF PAYMENT

I have attached a check, #_____, dated_____, made payable to the Midwest Section of AOACI for the registration fees in the amount indicated above, ***OR,*** I authorize AOACI to charge the credit card indicated below for the registration fees in the amount indicated above.

If address associated with card is different than above, please list here:

Street/POBox_____City_____State_____Zip_____

Name on Card _____ □ Visa □ Master Card □ American Express □ Discover Card

Card Number	Expiration Date	CSC or confirmation number (3 or 4 digit number on back of card)

Attach any checks (made payable to Midwest Section of AOACI) to this form. A written confirmation of your registration will be sent to you upon receipt.

MAIL TO: **Sally Tieso**
Nebraska Dept. of Agriculture
3703 South 14th Street
Lincoln, NE 68502

Registrations can also be FAXed to Sally Tieso at 402-471-0091 ***OR*** *register online at www.midwestaoac.org.*
For questions concerning this registration, please contact Sally Tieso at 402-471-2176.