

2008 ASLO Summer Meeting Registration Form

If you are unable to register electronically on the web at <http://www.aslo.org/stjohns2008>, please mail completed registration form and payment to: ASLO Business Office, 5400 Bosque Blvd, Suite 680, Waco, Texas 76710-4446, USA. Registrations complete with purchase order or credit card information that are not accompanying an abstract submission can be faxed to: 254-776-3767.

Make checks payable in U.S. dollars and drawn on a U.S. bank to: ASLO. Please print or type.

LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME FOR BADGE		
INSTITUTE OR ORGANIZATION		
DEPARTMENT OR FIRST ADDRESS LINE		
SECOND ADDRESS LINE		
CITY	STATE/PROVINCE	ZIP
COUNTRY		
E-MAIL	PHONE	FAX

I am a member of: ASLO SCL NABS

Fees (in U.S. dollars and per person):

<input type="checkbox"/> ASLO Members (received on or before 8 May 2008)	\$375.00 USD	
<input type="checkbox"/> Non-Members (received on or before 8 May 2008).....	\$475.00 USD	
<input type="checkbox"/> ASLO Student Members (received on or before 8 May 2008)	\$250.00 USD	
<input type="checkbox"/> Non-Member Students (received on or before 8 May 2008)	\$300.00 USD	
<input type="checkbox"/> Spouse/Guest (received on or before 8 May 2008. Spouses/guests are not admitted to the sessions.).....	\$100.00 USD	
Spouse/Guest Name: _____		
<input type="checkbox"/> One-Day Registrations (received on or before 8 May 2008)	\$300.00 USD	
<input type="checkbox"/> Non-developed Country Registration.....	\$100.00 USD	
<input type="checkbox"/> High School Teacher Registration.....	\$100.00 USD	
<input type="checkbox"/> High School Student Registration.....	\$50.00 USD	
<input type="checkbox"/> Late Fee (Must be added to all registrations that are received after 8 May 2008.)	\$50.00 USD	
<input type="checkbox"/> Abstract Fee (Required for registrations accompanied by an abstract submittal.)	\$50.00 USD	
Total in U.S. Dollars		

Payment:

Amount Enclosed

Bill My Organization. (You must submit a purchase order.)

Credit Card Payment

Visa MasterCard American Express

Confirmation:

A confirmation will be sent to the e-mail address on this form unless you specify otherwise.

I prefer that my registration confirmation be sent via:

Fax Mail

♿ Special Needs:

If you have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 1-800-929-2756 (USA, Canada & Caribbean) or 254-399-9635 (All other countries) or contact via e-mail at business@aslo.org

NAME ON CARD	
CARD NUMBER	EXP. DATE
SIGNATURE	

2008 ASLO Summer Meeting Abstract Submission Form

The abstract submission deadline is 1 February 2008. (All Internet and mailed submissions must be received by this date. Mailed submissions should be sent in advance so that they are received, not postmarked, by this date.)

To submit your abstract electronically, please point your forms-capable web browser to <http://www.aslo.org/stjohns2008/>. Stated guidelines and procedures as stated in the Call for Papers must be followed exactly. If not, your paper will not be accepted. Submit the abstract on a 3.5" floppy disk or CD (formatted for DOS) accompanied by one (1) original hard copy printed on white paper. All documents must be submitted in either WordPerfect for Windows or Microsoft Word for Windows file formats. Abstracts submitted in any other format are not acceptable and will be returned. Disks and CDs must be clearly and fully labeled with the name of the author to contact, institution name, mailing address, phone number, and e-mail address. Disk and CD submissions must include a hard copy of the abstract, no exceptions. E-mail and fax copies of abstracts are not acceptable.

You may not submit the form in this brochure if you choose to submit via the Internet.

Author to Contact: (Only one abstract per first author will be accepted.)

LAST NAME	FIRST NAME	MIDDLE INITIAL
INSTITUTE OR ORGANIZATION		
DEPARTMENT OR FIRST ADDRESS LINE		
LAST ADDRESS LINE		
CITY	STATE/PROVINCE	ZIP
E-MAIL		PHONE
		FAX

Presentation Preference:

Oral Poster

Session Topic Code (Please reference listing in this brochure.):

Choice 1: _____ Choice 2: _____

If "Other," please indicate keywords: _____

I am willing to serve as a session chair.

Confirmation of Acceptance:

You will be notified of acceptance by e-mail unless otherwise noted here. Please notify me by Mail Fax

Student Travel Award

I am applying for a Student Travel Award. I have completed the registration, abstract submission, and student travel award forms.

Additional Audio-Visual Requirements:

Computer projection equipment, an overhead projector, and a screen will be provided. Please indicate below if you need additional equipment.

Other (List any additional audio-visual equipment that you consider necessary for your presentation. Please note that any special requests for audio-visual (i.e. rental of VCR, monitor, 35mm slide projector, audio systems, computers, provision of additional power outlets, tables, stands, etc.) should be made when the abstract is submitted. Any costs for these additional items will be billed to the author on this form.):

In order to be considered as complete, the registration form, full registration fee and abstract submittal fee must accompany the abstract form. Mail the completed abstract submission form, completed registration form, payment of fees, disk or CD, and one (1) copy of the abstract to:

2008 ASLO Summer Meeting
c/o ASLO Business Office
5400 Bosque Boulevard, Suite 680
Waco, Texas 76710-4446, USA

Checks should be in U.S. dollars and drawn on a U.S. bank.

Make checks payable to: ASLO.

2008 ASLO Summer Meeting Student Travel Grant Application

Please print or type.

LAST NAME FIRST NAME MIDDLE INITIAL

INSTITUTE OR ORGANIZATION

DEPARTMENT OR FIRST ADDRESS LINE

LAST ADDRESS LINE

CITY STATE/PROVINCE ZIP COUNTRY

E-MAIL DAYTIME PHONE (INCLUDE COUNTRY CODE) FAX

TYPE OF DEGREE SOUGHT EXPECTED DATE OF COMPLETION

TITLE OF PAPER

FACULTY ADVISOR: NAME, PHONE NUMBER, FAX NUMBER

FACULTY ADVISOR: E-MAIL ADDRESS

- Yes No I am a full-time student and member of ASLO, SCL or NABS
- Yes No I have previously received a student travel award from one of the sponsoring societies.
- Yes No I have attended an ASLO Summer Meeting in the past.
- I am applying for a \$250 USD grant in order to cover registration fees.
- I am applying for a \$1,000 USD grant and have attached a letter from my supervisor stating that other "local" funding sources have been tried and there are not funds available to support my travel.

Please mail completed forms to:
 Helen Schneider Lemay
 ASLO Business Office
 5400 Bosque Boulevard, Suite 680
 Waco, Texas 76710-4446, USA

If applying for an award of \$1,000 USD, a letter from the student's advisor must be submitted with the application stating that other "local" funding sources have been tried and there are not funds available to support the applicant's travel.

STUDENT'S SIGNATURE DATE

Please complete this form and attach the following to this application:

1. Abstract of paper according to specifications on the abstract form
2. Copy of completed abstract submission form
3. Registration form
4. Payment of the student registration fee
5. Letter from advisor if applying for an award of \$1,000 USD.

Important Dates to Remember

- Abstract Submittal Deadline..... 1 February 2008
- Authors Notified..... March 2008
- Student Travel Grant Recipients Notified March 2008
- Meeting Schedule Posted on Web Site..... April 2008
- ASLO Summer Meeting 8-13 June 2008

2008 Ocean Sciences Meeting Exhibitor Registration Form

This form will reserve exhibit space at the 2008 Ocean Sciences Meeting and will become a binding contract upon completion and submission of this form.

EXHIBIT SPACE RENTAL FEE: The rental fee for exhibit space is \$1,500 USD for commercial (for-profit) companies and \$500 USD for nonprofit organizations per each booth space. The rental fee includes one (1) booth, identification signage, a listing within the "Exhibitors" section of the printed meeting program.

PAYMENT OF FEE: Full payment of the appropriate fee must be submitted with this application. Please make checks payable to ASLO. Return this completed form with payment to the ASLO Business Office, 5400 Bosque Blvd., Suite 680, Waco, Texas 76710-4446, USA.

Please print or type.

COMPANY/INSTITUTE/ORGANIZATION

CONTACT NAME

POSITION

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY

STATE/PROVINCE

ZIP

COUNTRY

PHONE

FAX

E-MAIL

URL/WEB ADDRESS

Your booth sign should read:

For meeting badges, please list the full name of up to six colleagues/co-workers who will be working in your exhibit space:

Exhibition Fees (in U.S. dollars):

Commercial Exhibit Spaces..... # of spaces @\$1500.00 USD per space = _____

Nonprofit Exhibit Spaces # of spaces @\$500.00 USD per space = _____

Total in U.S. Dollars _____

Payment:

- Check Enclosed.
- Bill My Organization. (You must submit a purchase order.)
- Credit Card Payment:
 - Visa MasterCard American Express

Special Needs:

If you, your guests or co-workers have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 1-800-929-2756 (USA, Canada & Caribbean) or 254-399-9635 (All other countries) or contact via e-mail at business@aslo.org

NAME ON CARD

CARD NUMBER

EXP. DATE

SIGNATURE