

# ASSOCIATION OF SCIENCE MUSEUM DIRECTORS

## Annual Meeting Registration Form

February 5 - 7, 2009

San Francisco, California

Registration Fee: \$250.00 for Member      \$100.00 for Spouse/Significant Other

*Note: Registration will increase to \$275.00 after January 15, 2009*

**REGISTRATION CAN ALSO BE MADE ON-LINE AT [www.asmd.org](http://www.asmd.org)**  
**If registering on-line, fax form to 217-557-9226 for verification of receipt.**

Please mail registration fees with information below to:

Bonnie W. Styles, Secretary/Treasurer ASMD  
c/o Illinois State Museum  
502 S. Spring St.  
Springfield, IL 62706-5000

**Payment by check: make checks payable to ASMD, taxpayer identification number 37-1362575.**

**To Charge:** Fax this form to the attention of Charlotte A. Montgomery at 217-557-9226.

**Or Call** information into Charlotte at 217-782-5969.

### PLEASE PRINT ALL INFORMATION

Credit Card Number: \_\_\_\_\_ 3-Digit CV Code (on back of card) \_\_\_\_\_

Expiration Date of Credit Card: \_\_\_\_\_

*Note: Charges will appear on your statements from the Illinois State Museum Society.*

#### **Complete if applicable:**

**NUMBER ATTENDING CONFERENCE EVENT ON SATURDAY \_\_\_\_\_**

**IMPORTANT: ASMD will use this information for prepayment of these events.**

### **YOU ARE RESPONSIBLE FOR BOOKING YOUR OWN HOTEL ROOMS.**

INSTITUTION: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

SPOUSE'S NAME, if applicable: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_