



CSB2009 Registration

Please see Registration on the CSB2009 website for registration instructions (www.csb2009.org).

Date: _____ Title: _____ Name: _____
(Prof., Dr., Mr., Ms, Mrs., Miss) First Middle Initial Last

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Affiliation: _____ Department: _____

Position: _____ Email: _____ Phone: _____

To qualify for Advance Registration, this form and your payment must be received by Monday, July 27, 2009. Late Registration fees apply thereafter. All fees are in US Dollars.

Conference Registration: Tuesday and Wednesday, August 11–12, 2009

I am registering as a: *(Check one and circle your fee.)*

- LSS Member (current as on August 11, 2009)
- Non-member
- Student

<u>Advance</u>	<u>Late</u>
\$530	\$630
\$600	\$700
\$200	\$250

Degree program: _____

Students must be enrolled in accredited degree programs at the undergraduate or graduate level.

See the CSB2009 website for more information.

Tutorials: Monday, August 10, 2009

I am registering as a: *(Check one and circle your fee.)*

- Conference Attendee / LSS Member
- Non-conference Attendee

<u>Advance</u>	<u>Late</u>
\$150	\$200
\$200	\$230

Please select your tutorials: *(Choose one AM and one PM. See website for tutorial information.)*

- AM1: Integrated Analysis and Visualization of Exon Array Data
- AM2: Building and Evaluating Algorithms for Finding Transcription Factor Binding Sites
- PM1: Cytoscape for Network Visualization and Analysis
- PM2: Working with Bioconductor Tools for High-Throughput Sequencing Data: ShortRead, GenomeGraphs, and IRanges

Conference Fee \$ _____

Tutorials Fee _____

Wire transfer fee _____

(contact registration2009@LifeSciencesSociety.org)

LSS membership fee (\$60 US) _____

(to qualify for member rates, add membership fee if you are not a current member as of August 11, 2009)

- New
- Renew

Total Payment \$ _____

Check or money order
Remit this form, your check or money order, and copy of student ID (if applicable) to:

LSS
160 Redland Road
Woodside, CA 94062 USA

OR, you may make your payment with the following **credit cards**:

- VISA
- MasterCard
- Discover
- American Express

Date: _____ Name on card: _____ Account No.: _____

Signature: _____ Date of Expiration: _____