

Keystone Symposia Registration Form: Short Meetings

For Meetings from
Sept 2011 - June 2012

Send form to: Keystone Symposia, 160 U.S. Highway 6, Suite 200, PO Box 1630, Silverthorne, CO 80498; Fax: 970-262-1525; Phone: 970-262-1230

STEP 1: PLEASE PRINT OR TYPE ATTENDEE INFORMATION

Last Name / Surname		First Name		Middle Initial
Department		Institute		
Address				
City	State or Province	Zip or Postal Code	Country	
Phone	Fax	Email		
Occupation (check one): <input type="checkbox"/> Professor <input type="checkbox"/> Assoc. Professor <input type="checkbox"/> Asst. Professor <input type="checkbox"/> Postdoc <input type="checkbox"/> Student (Non-Postdoc) <input type="checkbox"/> New Investigator <input type="checkbox"/> Research <input type="checkbox"/> Physician <input type="checkbox"/> Journalist				
Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Bi-cultural <input type="checkbox"/> Prefer not to respond				
Degree(s): <input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> D.V.M. <input type="checkbox"/> M.S. <input type="checkbox"/> B.S. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
Institute Type: <input type="checkbox"/> Academic <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Non profit				
Citizenship: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Resident Alien in US <input type="checkbox"/> Non-US Citizen Year of Birth: _____				

Keystone Symposia is committed to diversity as a key component of quality in our scientific meetings. Your responses here will help us improve in this area.

STEP 2: CHECK THE MEETING YOU PLAN TO ATTEND

2012 Meetings

- B2 Sirtuins in Metabolism, Aging and Disease
- B3 Chemical Biology
- C6 Mutations, Malignancy and Memory
- F1 Drug Design

If the meeting you plan to attend is not listed above, please check the other registration forms.

STEP 3: REGISTRATION OPTIONS

DO NOT USE THIS FORM IF SUBMITTING AN ABSTRACT. USE OUR WEB SITE www.keystonesymposia.org TO SUBMIT AN ABSTRACT.

To assure attendance, register early. Meetings can fill before the deadlines.

There is a USD \$50 fee to submit an abstract and an additional non-refundable USD \$50 fee for submission after the deadline.

• If you have already paid the USD \$50 abstract submission fee, it will be applied to your registration fee.

NON STUDENT RATES

- USD \$665 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$815 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STUDENT RATES (REQUIRES STEP 5 BELOW)

- USD \$440 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$590 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STEP 4: PAYMENT

- Visa American Express Master Card Discover JCB
- Check/Money Order (CHECKS MUST BE DRAWN ON A US BANK, PAYABLE TO KEYSTONE SYMPOSIA.)

NAME AS IT APPEARS ON CARD (PLEASE PRINT) _____ CREDIT CARD NUMBER _____ SECURITY CODE _____ EXPIRATION DATE (MM/YYYY) _____

CARDHOLDER SIGNATURE _____ CREDIT CARD BILLING ADDRESS (ADDRESS, CITY, STATE, ZIP/POSTAL CODE, COUNTRY) _____

STEP 5: STUDENT VERIFICATION MANDATORY FOR STUDENT RATES. IF NOT COMPLETED, NON STUDENT RATE WILL BE CHARGED.

Mentor Name: _____ Mentor Phone Number: _____
Mentor Email: _____ Mentor Fax Number: _____

Keystone Symposia Registration Form: Long Meetings

For Meetings from
Sept 2011 - June 2012

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STEP 1: PLEASE PRINT OR TYPE ATTENDEE INFORMATION

Last Name / Surname			First Name			Middle Initial		
Department				Institute				
Address								
City		State or Province		Zip or Postal Code		Country		
Phone		Fax		Email				

Occupation (check one): Professor Assoc. Professor Asst. Professor Postdoc Student (Non-Postdoc) New Investigator Research Physician Journalist

Ethnicity: American Indian/Alaska Native Asia Pacific Islander Black, non-Hispanic Hispanic or Latino White, non-Hispanic Bi-cultural Prefer not to respond

Degree(s): M.D. Ph.D. D.V.M. M.S. B.S. **Gender:** Female Male

Institute Type: Academic Industry Government Non profit

Citizenship: United States Citizen Resident Alien in US Non-US Citizen **Year of Birth:** _____

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STEP 2: CHECK THE MEETING YOU PLAN TO ATTEND

<input type="checkbox"/> Fall 2011 Meeting	<input type="checkbox"/> J5 High-Throughput Structural Biology	<input type="checkbox"/> C4 Lymphocyte Signaling
<input type="checkbox"/> T1 Malnutrition and Mucosal Immunity (India)	<input type="checkbox"/> J6 Structural Biology of Cellular Processes	<input type="checkbox"/> C5 Complications of Diabetes
2012 Meetings	<input type="checkbox"/> J7 Obesity	<input type="checkbox"/> X5 HIV Vaccines
<input type="checkbox"/> A1 Chemokines and Leukocyte Trafficking	<input type="checkbox"/> J8 Diabetes	<input type="checkbox"/> X6 Viral Immunity
<input type="checkbox"/> A2 Nucleic Acid Therapeutics	<input type="checkbox"/> Q1 Cytokines	<input type="checkbox"/> C7 Vascular Inflammation and Atherosclerosis
<input type="checkbox"/> J1 Drug Discovery for Protozoan Parasites	<input type="checkbox"/> Q2 Th17 Cells	<input type="checkbox"/> C8 Islet Biology
<input type="checkbox"/> J2 Fungal Pathogens	<input type="checkbox"/> B5 Complex Traits	<input type="checkbox"/> D1 Fibrosis
<input type="checkbox"/> A3 Angiogenesis	<input type="checkbox"/> Q5 ApoE and Alzheimer's Disease	<input type="checkbox"/> Z1 Non-Coding RNAs
<input type="checkbox"/> J3 Epigenomics	<input type="checkbox"/> Q6 Traumatic Brain Injury	<input type="checkbox"/> Z2 Eukaryotic Transcription
<input type="checkbox"/> J4 Chromatin Dynamics	<input type="checkbox"/> C1 Protein-RNA Interactions	<input type="checkbox"/> D2 Synapses and Circuits
<input type="checkbox"/> A4 Rheumatoid Arthritis	<input type="checkbox"/> Q7 Innate Immunity	<input type="checkbox"/> Z3 Regenerative Tissue Engineering
<input type="checkbox"/> A5 Membranes in Motion	<input type="checkbox"/> Q8 Microbiome	<input type="checkbox"/> Z4 Whole Organ Regeneration
<input type="checkbox"/> A6 Cardiovascular Development	<input type="checkbox"/> C2 Plant Gene Expression and Signaling	<input type="checkbox"/> E1 Drug Resistance in Tuberculosis (Uganda)
	<input type="checkbox"/> C3 The Life of a Stem Cell	

For Joint Meetings, please select one meeting, not both.

If the meeting you plan to attend is not listed above, please check the other registration forms.

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NON STUDENT RATES

- USD \$715 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$865 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STUDENT RATES (REQUIRES STEP 5 BELOW)

- USD \$490 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$640 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STEP 4: PAYMENT

- Visa American Express Master Card Discover JCB
- Check/Money Order (CHECKS MUST BE DRAWN ON A US BANK, PAYABLE TO KEYSTONE SYMPOSIA.)

NAME AS IT APPEARS ON CARD (PLEASE PRINT) _____ CREDIT CARD NUMBER _____ SECURITY CODE _____ EXPIRATION DATE (MM/YYYY) _____

CARDHOLDER SIGNATURE _____ CREDIT CARD BILLING ADDRESS (ADDRESS, CITY, STATE, ZIP/POSTAL CODE, COUNTRY) _____

STEP 5: STUDENT VERIFICATION MANDATORY FOR STUDENT RATES. IF NOT COMPLETED, NON STUDENT RATE WILL BE CHARGED.

Mentor Name: _____ Mentor Phone Number: _____

Mentor Email: _____ Mentor Fax Number: _____

Keystone Symposia Registration Form: International Meetings

(excludes India and Uganda)

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Ethnicity: American Indian/Alaska Native Asia Pacific Islander Black, non-Hispanic Hispanic or Latino White, non-Hispanic Bi-cultural Prefer not to respond

Degree(s): M.D. Ph.D. D.V.M. M.S. B.S. **Gender:** Female Male

Institute Type: Academic Industry Government Non profit

Citizenship: United States Citizen Resident Alien in US Non-US Citizen **Year of Birth:** _____

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STEP 2: CHECK THE MEETING YOU PLAN TO ATTEND

2012 Meetings

- | | |
|---|--|
| <input type="checkbox"/> B1 RNA Silencing | <input type="checkbox"/> D3 Nuclear Receptors |
| <input type="checkbox"/> Q3 Cancer and Metabolism | <input type="checkbox"/> F2 Proteomics |
| <input type="checkbox"/> Q4 Advances in Hypoxic Signaling | <input type="checkbox"/> E2 Inflammation during Carcinogenesis |
| <input type="checkbox"/> B4 G Protein-Coupled Receptors | |
| <input type="checkbox"/> X1 NF-kappaB Signaling and Biology | |
| <input type="checkbox"/> X2 Ubiquitin Signaling | |
| <input type="checkbox"/> X3 Mitochondrial Dynamics and Function | |
| <input type="checkbox"/> X4 Cell Death Pathways: Beyond Apoptosis | |
| <input type="checkbox"/> X7 Cell Biology of Virus Entry, Replication and Pathogenesis | |
| <input type="checkbox"/> X8 HIV Pathogenesis | |

For Joint Meetings, please select one meeting, not both.

Please note that the India and Uganda meetings are listed on the Registration Form: Long Meetings. If the meeting you plan to attend is not listed above, please check the other registration forms.

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- If you have already paid the USD \$50 abstract submission fee, it will be applied to your registration fee.

NON STUDENT RATES

- USD \$795 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$945 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STUDENT RATES (REQUIRES STEP 5 BELOW)

- USD \$570 Early Registration**
 - Form and payment must be received by Early Registration Deadline.
- USD \$720 Regular Registration**
 - If received after Early Registration Deadline. Subject to availability.

STEP 4: PAYMENT

- Visa American Express Master Card Discover JCB
- Check/Money Order (CHECKS MUST BE DRAWN ON A US BANK, PAYABLE TO KEYSTONE SYMPOSIA.)

NAME AS IT APPEARS ON CARD (PLEASE PRINT) CREDIT CARD NUMBER SECURITY CODE EXPIRATION DATE (MM/YYYY)

CARDHOLDER SIGNATURE CREDIT CARD BILLING ADDRESS (ADDRESS, CITY, STATE, ZIP/POSTAL CODE, COUNTRY)

STEP 5: STUDENT VERIFICATION MANDATORY FOR STUDENT RATES. IF NOT COMPLETED, NON STUDENT RATE WILL BE CHARGED.

Mentor Name: _____ Mentor Phone Number: _____
Mentor Email: _____ Mentor Fax Number: _____