

SICB 2018 – Annual Meeting

3-7 January 2018 • San Francisco, California

SICB Federal Tax #
95-2536887

SICB Member Number: _____
 Name for badge: (First) _____ (Last) _____
 Institution (for badge) (limit to 18 characters and spaces): _____
 Address (for confirmation): _____
 City: _____ State/Country: _____ Zip/Postal Code: _____
 Business Phone: _____ FAX: _____
 Email: _____ If Registering - Companion Name: _____

SICB OR CO-SPONSOR (Please select only one primary affiliation):
 SICB American Microscopical Society The Crustacean Society None
 Is this your first SICB Annual Meeting? Yes No
 Are you a Presenter? No Yes - If Yes, Abstract #: _____

Presenter Deadline is 6 November 2017

Early Fee Deadline is 4 December 2017

REGISTRATION FEES: Mark Appropriate Boxes

	<i>Through 12/4</i>	<i>After 12/4</i>
<input type="checkbox"/> SICB Loyal Member (member for last 3 years; paying dues)*	\$ 285	\$ 345
<input type="checkbox"/> SICB Member**	\$ 340	\$ 400
<input type="checkbox"/> SICB Student Member*	\$ 109	\$ 170
<input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> High School Student		
<input type="checkbox"/> SICB Postdoctoral or Emeritus Member*	\$ 230	\$ 290
<input type="checkbox"/> Non-Member but joining SICB (Fee includes SICB full membership)	\$ 450	\$ 510
<input type="checkbox"/> Non-Member	\$ 450	\$ 510
<input type="checkbox"/> Student Non-Member but joining SICB (Fee includes SICB student membership)	\$ 150	\$ 211
<input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student** <input type="checkbox"/> High School Student**		
<input type="checkbox"/> Postdoctoral Non-Member but joining SICB (Fee includes SICB postdoc membership)	\$ 280	\$ 340
<input type="checkbox"/> Developing Country Member (http://bit.ly/2v4Oawy)	\$ 170	\$ 200
<input type="checkbox"/> HS/Community College Teacher	\$ 109	\$ 170
<input type="checkbox"/> Companion	\$ 87	\$ 115
<input type="checkbox"/> One Day Fee <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$ 175	\$ 230
<input type="checkbox"/> One Day Student <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$ 60	\$ 60
<input type="checkbox"/> Hard copy of abstracts (MUST ORDER BY 4 DECEMBER)	\$ 25	N/A

Pre-ordered hard copies will be available at the meeting.

* Member fees available to people who have paid membership through 3/31/2018. Student rates apply only to SICB Student Members.

** Students becoming members of SICB must be sponsored by a Full Member. Go to www.SICB.org to join as a Student Member.

† Full Members of co-sponsoring Societies (AMS and TCS) are eligible for the SICB Member rate.

SPECIAL EVENTS:

- Childcare - see sicb.org/meetings/childcareform/index.php for the survey if you have childcare needs
- AMS Luncheon (Fri, 1/5, Noon) *Location TBD*
 - Turkey # _____ Roast Beef # _____ Vegan # _____ Ham # _____
 - # _____ x \$30 Regular # _____ x \$15 Student
 - # _____ x \$0 "Bring your own Lunch"
- San Francisco Commemorative Shirts
 - # _____ x \$20 Before 12/4 # _____ x \$25 After 12/4
 - Shirt size: *Profits from the sale of the shirts are used to support student activities*
 - S Quantity: _____ M Quantity: _____ L Quantity: _____ XL Quantity: _____ XXL Quantity: _____

PRIMARY INTEREST: Please **CHECK NO MORE THAN 3** categories that will appear on your name badge

- Animal Behavior
- Comparative Biomechanics
- Comparative Endocrinology
- Comparative Physiology and Biochemistry
- Evolutionary Developmental Biology
- Ecoimmunology and Disease Ecology
- Ecology and Evolution
- Invertebrate Zoology
- Neurobiology, Neuroethology, and Sensory Biology
- Phylogenetics & Comparative Biology
- Vertebrate Morphology
- American Microscopical Society
- The Crustacean Society
- Symposium Participant

PAYMENT INFORMATION:

Mail Check Payment to: SICB, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101

PHONE: (703) 790-1745; FAX: (703) 790-2672; Web: www.SICB.org

VISA MasterCard American Express Discover

Card # _____ Exp. Date _____ CV2# _____
 Cardholder Name _____ Signature _____
 Cardholder Billing Address _____ City _____ State _____ Zip _____
 Cardholder Phone _____ Email _____

**If faxing registration, 703-790-2672,
DO NOT mail original**

Registration Section Total \$ _____
 Special Events Total \$ _____
TOTAL FEES ENCLOSED \$ _____

All cancellations are subject to a 20% service charge. Cancellations must be in writing via fax, email or regular mail to the SICB Business Office. Cancellation notices received by 4 December will be refunded total registration fees minus the 20% service charge. No refunds will be issued on cancellations received after 4 December. For questions contact Mary Lou Scarbrough MScarbrough@burkinc.com.