Mike Wells Fest Registration Form

Name:						
Title:						
Institution:						
Street Address:						
City, State & Zipcode:						
Country if not US:						
Phone (including area of	code):					
E-mail:						
I would like to present	a nagtar					
I would like to present a poster (please check yes or no).		Yes			No	
Number of people in your party (including yourself): How many in your party plan to attend the Sat. Day of Science (free; includes lunch)? How many in your party prefer a vegetarian lunch Sat.? How many in your party plan to attend the Sat. reception (free)?						
How many people in your party plan to attend the Sunday Brunch (\$35 each; includes admission to Butterfly Exhibit)						_x \$35 =
Number of people in your party plan to attend the Butterfly Exhibit only (no Brunch) (\$3 each)						x \$3 =
Commemorative t-shirt (\$12 each); please circle size: S M L XL 2XL					<u>x \$12 =</u>	
Please indicate your me	ethod of pay	ment (in US d	ollars):	TOTAL	COST	
Visa MasterCard Express Check/Money Order						/ Order
Card Number:						
Expiration Date:	Month			Year		
Name on Card:						
Billing Address:	Street:					
	City:			State	Zipc	ode:
Cardholder Signature:	Country if	not US:				

Please make checks payable to The University of Arizona. If you pay via credit card, your statement will show a charge from UofA Support Services.

Please print this form, fill it out, and mail it with your payment to: Ellie Warder, University of Arizona, Dept of Biochemistry, 1041 E Lowell St, Tucson AZ 85721-0088.