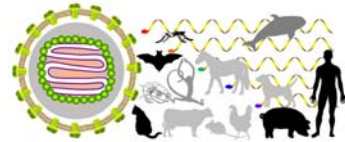


REGISTRATION & HOTEL RESERVATION FORM

The XIIth Nidovirus Symposium

Grand Traverse Resort & Spa Acme, MI

June 4 – 9, 2011



Last Name _____ First Name _____
Name for Badge _____
Affiliation _____
Address _____
City _____ State/Province _____ Country _____ Zip _____
Telephone _____ Fax _____ (include country & area code)
Email _____
Guest's Name (if applicable) as it Should Appear on Badge _____

CONFERENCE FEES: Payable in US funds only.

1. <u>Registration Fees</u>	"Cost	
Participant	\$625	\$ _____
Guest	\$425	\$ _____
Late Registration Fee (Effective March 16, 2011)	\$725	\$ _____

2. <u>Hotel Accommodations(required)</u>				
One Night Room Deposit:	Tower Room	Single	\$179.00	\$ _____
		Double	\$ 89.50	\$ _____
	Hotel Room	Single	\$149.00	\$ _____
		Double	\$ 74.50	\$ _____
Government Rate (Only 20 available)			\$ 79.00	\$ _____

Hotel Arrival Date _____ Hotel Departure Date _____

If choosing a double room, please list roommate's name: _____

3. <u>Optional Activities (Monday, June 6)</u>		
Tall Ship Sailing	\$60	\$ _____
Mission & Wine Country Tour	\$60	\$ _____
Catamaran Sail	\$66	\$ _____

4. If paying by wire transfer, add \$15 if Domestic or \$30 International. \$ _____

Wire transfers should be directed to SunTrust Bank, 7840 Holcomb
Bridge Rd., Norcross, GA 30092, SWIFT CODE SNTRUS3A
Resort Marketing Associates, ABA Routing No. 06100104-8801753768

TOTAL SUBMITTED THIS FORM: \$ _____

Payment: Visa _____ MC _____ AX _____ Wire Transfer _____ Check _____
Cardholder Name _____ No. _____
Exp. Date _____ Billing Address _____
Signature _____ Date _____

If mailing, return this form (and fees) to:
RMA, 6948 Piney Woods Rd, Foley, AL 36535
Phone: 251-978-5494 Fax: 251-949-7249
Email: Jan@rmaworldwide.com

Special Dietary or Rooming Requests _____