

# BEHAVIOR GENETICS ASSOCIATION

31<sup>th</sup> Annual Meeting  
Peterhouse College, Cambridge, England  
July 8-11, 2001

## REGISTRATION FORM

Please provide your Name and Affiliation as you would like them to appear on your name badge.

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Category: (check one and enter amount in box to the right)

Registration Fee (in U.S. dollars)	Before April 1, 2001	After April 1, 2001	
Regular Non-Student Member	\$225.00	\$250.00	\$
Student or Retired Member	\$135.00	\$160.00	\$
Regular Non-Student Non-Member	\$275.00	\$300.00	\$
Student or Retired Non-Member	\$170.00	\$195.00	\$
Extra Banquet Ticket	\$55.00	\$55.00	\$
On-Site Single Day Registration		\$85.00	\$
<b>TOTAL AMOUNT ENCLOSED</b>			<b>\$</b>

Interested in visit to the Sanger Centre (½hour journey, 45min talk/walk-round) no charge	yes	no
Attendee is also presenting at ISSID meeting in Edinburgh, Scotland	yes	no

Registration fees include the reception, annual banquet (except for on-site single day registration), coffee breaks, and other meeting expenses. For members not current on dues: Registration fees must be paid at the Non-Member rate. Please note: To be eligible for the non-member student rate, an individual must provide documentation of their student status (e.g., copy of student ID or letter from the department chairperson).

To cancel an advance registration, registrants must send a written request to Dr. Madden to be received no later than June 1, 2001. A \$75.00 processing fee to cancel the registration will be deducted.

**Check Payment:** Make checks payable in U.S. dollars to: Behavior Genetics Association  
**Credit Card Payment:** \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa (*no other cards will be accepted*)  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name (as embossed on card): \_\_\_\_\_ Signature: \_\_\_\_\_

Please send the registration form with your check in U.S. dollars or credit card information to:

**Dr. Pamela Madden**

**Department of Psychiatry**

**Washington University School of Medicine Tel: 314 286 2286**

**40 N. Kingshighway, Suite #2 Fax: 314 286 2213**

**St. Louis, MO 63108**

**Email: pam@matlock.wustl.edu**