

34th Annual Benthic Ecology Meeting: April 6 – 10, 2005

The College of William and Mary – Williamsburg, Virginia

Vendor Registration Form

Deadline for early registration is February 18, 2005

(Note: All blanks must be filled in)

Contact Person - Last Name: _____ First Name: _____ MI: _____
Person Attending Conference – Name as you would like it to appear on badge: _____
Organization Representing: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Early Registration: Vendor Fee – \$500 **

Late Registration: Vendor Fee – \$600 ** (after February 18, 2005)

Registration includes one six-foot table with white drape, listing in the abstract booklet, one meeting registration, and abstract booklet

Reserve your space now!

Goods or services to be exhibited: _____

Set-up requirements: Electrical outlet (limited and will incur an additional charge of \$15.00)
 Internet access (high-speed connection – \$100 per day per connection)
 Other: _____

For questions, contact Rochelle Seitz 804-684-7698 or email seitz@vims.edu

<u>Saturday Evening Banquet</u> (limited tickets available)	<input type="checkbox"/> \$ 50.00	<u>Sunday Excursion:</u> Virginia Institute of Marine Science	<input type="checkbox"/> No Charge
<u>Sunday Excursion:</u> Virginia Aquarium & Marine Science Center	<input type="checkbox"/> \$ 16.50	<u>Sunday Excursion:</u> The College of William and Mary	<input type="checkbox"/> No Charge
<u>Sunday Excursion:</u> Colonial Williamsburg	<input type="checkbox"/> \$ 30.15	<u>Conference T-Shirt:</u> Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> \$ 20.00

Total Amount Paid	\$
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Checks: Please make checks payable to “*The College of William and Mary*” W&M Federal ID #54-6001718
All checks must be in U.S. funds drawn on a U.S. bank and mailed with this vendor registration form

*All credit card payments must be faxed or telephoned to W&M Conference Services

***Credit Cards:** Visa MasterCard Account # _____ Exp. Date _____
Name as printed on card _____ Signature _____

Return completed form and payment to:

The College of William and Mary, Conference Services, Gabriel Galt House, Post Office Box 8795, Williamsburg, VA 23187-8795 or
Telephone: 800-249-0179 or 757-221-4084 or Fax: 757-221-2090 (all credit card payments only)

Cancellation Policy: All cancellations must be made in writing to The College of William and Mary, Conference Services.
No refunds will be given for vendor cancellations after March 15, 2005
A \$30 cancellation fee will be charged for all cancellations