

2015 ASLO AQUATIC SCIENCES MEETING REGISTRATION FORM (PAGE 1)

COMPLETE THE REGISTRATION FEES, OPTIONAL FEES AND PAYMENT INFORMATION ON OPPOSITE SIDE OF THIS FORM.

Please mail completed registration form and payment to: ASLO Business Office, 5400 Bosque Blvd, Suite 680, Waco, Texas 76710-4446, USA. Registrations with purchase order or credit card information that are not accompanying an abstract submission can be faxed to: 254-776-3767. Make checks payable in U.S. dollars and drawn on a U.S. bank to: ASLO.

Please print or type. Please use the first name and last name that you want to appear on your badge.

LAST (OR FAMILY) NAME

FIRST (OR GIVEN) NAME

MIDDLE INITIAL

INSTITUTE OR ORGANIZATION

DEPARTMENT OR FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY

STATE/PROVINCE

ZIP

COUNTRY

E-MAIL

PHONE

FAX

ASLO MEMBER STATUS:

- I am an ASLO member. Member ID: _____
- I am not an ASLO member.

PARTICIPATION:

- I need a letter of invitation.
- I am a post-doc student or professional and I am willing to serve as a poster judge.
- I am a student and would like to have a mentor assigned to me at the meeting.
- I am willing to be a mentor at the meeting under the ASLO Meeting Mentoring Program.
- I am willing to be a mentor at the meeting under the ASLO Multicultural Program.
- I am a student and I am interested in serving as a "student volunteer" during the meeting.

ROOMMATE MATCHING:

- I am interested in receiving information regarding the room-sharing service.

PRINTED CONFERENCE PROGRAM:

To promote green practices, copies of the printed conference program will be available only upon request. The conference program also will be produced in a downloadable format and will be available on the Web site prior to the meeting as well.

- I would like to receive a copy of the printed conference program.

CONFIRMATION:

A confirmation will be sent to your e-mail address unless you specify otherwise.

♿ SPECIAL NEEDS:

If you have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 1-800-929-2756 (USA, Canada & Caribbean) or 254-399-9635 (All other countries) or contact via e-mail at business@aslo.org

2015 ASLO AQUATIC SCIENCES MEETING REGISTRATION FORM (PAGE 2)

REGISTRATION & OTHER FEES (IN U.S. DOLLARS AND PER PERSON):

Non-member participants may register at the reduced ASLO member rates if registration is accompanied by an ASLO membership form. Additional fees will be applied if registering on-site.

- ASLO Members (received on or before 22 January 2015) \$495.00 USD _____
- Non-Members (received on or before 22 January 2015)..... \$595.00 USD _____
- ASLO Early Career Members² (received on or before 22 January 2015) \$300.00 USD _____
- ASLO Student Members (received on or before 22 January 2015) \$250.00 USD _____
- Non-Member Students (received on or before 22 January 2015) \$300.00 USD _____
- ASLO Emeritus Members¹ \$200.00 USD _____
- Spouse/Guest (received on or before 22 January 2015. Spouses/guests are not admitted to the sessions.)..... \$45.00 USD _____

Spouse/Guest Name: _____

- One-Day Registrations (Monday Tuesday Wednesday Thursday Friday)
 - ASLO Student Members (No abstract submission) \$100.00 USD _____
 - Non-Member Students (No abstract submission)..... \$200.00 USD _____
 - ASLO Members (No abstract submission)..... \$300.00 USD _____
 - ASLO Early Career Members (No abstract submission) \$100.00 USD _____
 - Non-Member (No abstract submission) \$350.00 USD _____
- Developing Country Professor \$200.00 USD _____
- Developing Country Student..... \$50.00 USD _____
- High School Teacher/Student Registration \$100.00 USD _____
- Late Fee (Added to all registrations except Early Career and Student registrations received after 22 January 2015 prior to meeting start.) \$100.00 USD _____
- Student/Early Career Late Fee (Added to all Early Career and Student registrations received after 22 January 2015 prior to meeting start.) \$50.00 USD _____
- Abstract Fee (Required for registrations accompanied by an abstract submittal.)
 - ASLO Professional Member \$70.00 USD _____
 - Non-Member Professional \$100.00 USD _____
 - ASLO Student Member..... \$40.00 USD _____
 - ASLO Early Career \$50.00 USD _____
 - Developing Country \$30.00 USD _____
- Tour of the Alhambra (Tuesday, 24 February 2015) _____ tickets @ \$40.00 USD per ticket = _____
- Dinner Event at La Chumbera (Wednesday, 25 February 2015) _____ tickets @ \$90.00 USD per ticket = _____
- Dinner Event at La Chumbera (Thursday, 26 February 2015) _____ tickets @ \$90.00 USD per ticket = _____
- Banquet at La Mamunia - Professional (Friday, 27 February 2015) _____ tickets @ \$70.00 USD per ticket = _____
- Banquet at La Mamunia - Student (Friday, 27 February 2015) _____ tickets @ \$40.00 USD per ticket = _____

TOTAL _____

PAYMENT:

- Amount Enclosed
- Bill My Organization. (You must submit a purchase order from your organization in order to be invoiced; the invoice must be paid prior to the conference.)
- Credit Card Payment
 - Visa MasterCard American Express Discover

NAME ON CARD _____

CARD NUMBER _____

EXP. DATE _____

SIGNATURE _____

¹ ASLO Members who are retired, age 65 or older and a member of ASLO for at least 20 years. ² Non-students who have received their highest degree within the last 10 years, or are pre-tenure if in a tenure-track position.

2015 ASLO AQUATIC SCIENCES MEETING ABSTRACT SUBMISSION FORM

The abstract submission deadline is 10 October 2014. (All Internet and mailed submissions must be received by this date. Mailed submissions should be sent in advance so that they are received, not postmarked, by this date.)

To submit your abstract electronically, please go to <http://www.sgmeet.com/aslo/granada2015/>. Stated guidelines and procedures as stated in the Call for Papers must be followed exactly. If not, your paper will not be accepted. Submit the abstract on a CD or USB memory stick (formatted for Windows) accompanied by one (1) original hard copy printed on white paper. All documents must be submitted in either WordPerfect for Windows or Microsoft Word for Windows file formats. Abstracts submitted in any other format are not acceptable and will be returned. CDs and USB memory sticks must be clearly and fully labeled with the name of the author to contact and e-mail address. CD or USB memory stick submissions must include a hard copy of the abstract, no exceptions. E-mail copies of abstracts are not acceptable.

You may not submit this form if you choose to submit via the Internet.

AUTHOR TO CONTACT: (ONLY ONE ABSTRACT PER REGISTERED PRESENTER WILL BE ACCEPTED*)

**The organizing committee encourages the submission of a second abstract if you would like to submit to a scientific session and an education, session. There are no fees required if this is a second abstract, but you must complete an abstract submission form for each abstract.*

LAST (OR FAMILY) NAME FIRST (OR GIVEN) NAME MIDDLE INITIAL

INSTITUTE OR ORGANIZATION

DEPARTMENT OR FIRST ADDRESS LINE

LAST ADDRESS LINE

CITY STATE/PROVINCE ZIP COUNTRY

E-MAIL PHONE FAX

PRESENTATION PREFERENCE:

Oral Poster

Session Topic Code (Please reference listing in this brochure.):

Choice 1: _____ Choice 2: _____ Choice 3: _____

If "Other," please indicate keywords: _____

I am willing to serve as a session chair.

CONFIRMATION OF ACCEPTANCE:

You will be notified of acceptance by e-mail unless otherwise noted here. Please notify me by Mail Fax

STUDENT TRAVEL GRANT

I am applying for a Student Travel Grant. I have completed the registration, abstract submission, and student travel award forms.

EARLY CAREER TRAVEL GRANT

I am applying for an Early Career Travel Grant. I have completed the registration, abstract submission, and early career travel grant forms.

ADDITIONAL AUDIO-VISUAL REQUIREMENTS:

Computer projection equipment, LCD, projector, computer, and a screen will be provided in each oral session room. Please indicate below if you need additional equipment.

Any special requests for audio-visual (i.e. rental of VCR, monitor, 35mm slide projector, audio systems, provision of additional power outlets, tables, stands, etc.) should be made when the abstract is submitted. Any costs for these additional items will be billed to the presenting author on this form. Audio visual equipment and/or tables or stands for poster presenters are not provided and can be rented for an additional charge to the author.

In order to be considered as complete, the registration form, full registration fee and abstract submittal fee must accompany the abstract form. Mail the completed abstract submission form, completed registration form, payment of fees, CD/USB Memory Stick, and one (1) copy of the abstract to:

2015 ASLO Aquatic Sciences Meeting
c/o ASLO Business Office
5400 Bosque Boulevard, Suite 680
Waco, Texas 76710-4446, USA

Checks should be in U.S. dollars and drawn on a U.S. bank.
Make checks payable to: ASLO.

2015 ASLO AQUATIC SCIENCES MEETING STUDENT TRAVEL GRANT APPLICATION

A limited number of travel awards will be available for students to defray the costs of registration and/or travel. Any applicant must be a student member of ASLO and must be presenting at this meeting. Additionally, students should not have received previous travel awards from ASLO. Travel awards will be paid in U.S. dollars only and a check will be issued to the student during the meeting.

Travel Award applications must be submitted by the abstract submission deadline in order to be considered.

Please print or type.

LAST (OR FAMILY) NAME			FIRST (OR GIVEN) NAME			MIDDLE INITIAL		
INSTITUTE OR ORGANIZATION								
DEPARTMENT OR FIRST ADDRESS LINE								
LAST ADDRESS LINE								
CITY			STATE/PROVINCE		ZIP		COUNTRY	
E-MAIL			DAYTIME PHONE (INCLUDE COUNTRY CODE)				FAX	
TYPE OF DEGREE SOUGHT						EXPECTED DATE OF COMPLETION		
TITLE OF PAPER								
FACULTY ADVISOR: NAME, PHONE NUMBER, FAX NUMBER								
FACULTY ADVISOR: E-MAIL ADDRESS								
<input type="checkbox"/> Yes <input type="checkbox"/> No I am a full-time student and member of ASLO.								
<input type="checkbox"/> Yes <input type="checkbox"/> No I have previously received a student travel award from ASLO.								
<input type="checkbox"/> Yes <input type="checkbox"/> No I have attended an ASLO meeting in the past.								
STUDENT'S SIGNATURE						DATE		

Please complete this form and attach the following to this application:

1. Abstract of paper according to specifications on the abstract form
2. Copy of completed abstract submission form
3. Registration form
4. Payment of the student registration fee

2015 ASLO AQUATIC SCIENCES MEETING EARLY CAREER TRAVEL GRANT APPLICATION

A limited number of travel awards will be available for ASLO early career members to defray the cost of registration and/or travel to the upcoming ASLO meeting. Early career (EC) is defined as non-student members, within 10 years of their terminal degree. ASLO early career travel award applications must be submitted at the same time as the meeting registration and abstract submission and payment of both fees. To be eligible, EC criteria must be fulfilled, and all fees should be received in accordance with all meeting deadlines. (Travel awards will be paid in U.S. dollars only.) Travel Award applications must be submitted by the abstract submission deadline in order to be considered

Please print or type.

 LAST (OR FAMILY) NAME

FIRST (OR GIVEN) NAME

 MIDDLE INITIAL

 INSTITUTE OR ORGANIZATION

 DEPARTMENT OR FIRST ADDRESS LINE

 LAST ADDRESS LINE

CITY

STATE/PROVINCE

ZIP

 COUNTRY

E-MAIL

DAYTIME PHONE (INCLUDE COUNTRY CODE)

 FAX

CURRENT POSITION

 EMPLOYER (IF DIFFERENT FROM ABOVE)

 TITLE OF PAPER

MEMBERSHIP

Yes No I am a member of ASLO.

Yes No I have attended an ASLO meeting in the past.

ELIGIBILITY

Members are only eligible to receive the award twice in their career.

Yes No I have previously been awarded an EC Travel Grant?

 IF YES, PLEASE SPECIFY WHICH MEETING

APPLICANT SIGNATURE

 DATE

Please complete this form and attach the following to this application:

1. Abstract of paper according to specifications on the abstract form
2. Copy of completed abstract submission form
3. Registration form
4. Payment of the early career registration fee
5. Brief paragraph describing your current funding situation and your need for funding to attend this meeting. This is mandatory.

2015 ASLO AQUATIC SCIENCES MEETING EXHIBITOR APPLICATION

This form will reserve exhibit space at the 2015 ASLO Aquatic Sciences Meeting and will become a binding contract upon completion and submission of this form.

EXHIBIT SPACE RENTAL FEE: The rental fees for exhibit space are listed below. The rental fee for exhibit space includes one (1) stand and identification sign, a listing in the program and on the web site. If exhibiting company representatives plan to participate in or attend the sessions, they must register for the meeting.

PAYMENT OF FEE: Full payment of the appropriate fee must be submitted with this application. Please make checks payable in U.S. dollars to ASLO. Return this completed form with payment to the ASLO Business Office, 5400 Bosque Blvd., Suite 680, Waco, Texas 76710-4446, USA.

IT IS IMPORTANT TO KNOW that exhibitor logistics are very different than those in the United States. Please see <http://sgmeet.com/aslo/granada2015/exhibitors.asp> for details.

Please print or type.

COMPANY/INSTITUTE/ORGANIZATION

CONTACT NAME

POSITION

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY

STATE/PROVINCE

ZIP

COUNTRY

PHONE

FAX

E-MAIL

URL/WEB ADDRESS

Your stand sign should read:

For meeting badges, please list the full name of up to four colleagues/co-workers who will be working in your exhibit space:

1. _____ 3. _____
 2. _____ 4. _____

EXHIBITION FEES (IN U.S. DOLLARS):

- Commercial Exhibit Spaces # of spaces @\$2000.00 USD per space = _____
 Nonprofit Exhibit Spaces # of spaces @\$1500.00 USD per space = _____

Total in U.S. Dollars _____

PAYMENT:

- Amount Enclosed
 Bill My Organization. (You must submit a purchase order from your organization in order to be invoiced; the invoice must be paid prior to the conference.)
 Credit Card Payment
 Visa MasterCard American Express

NAME ON CARD

CARD NUMBER

EXP. DATE

SIGNATURE