



Registrar Information

Dr. Mr. Ms. Mrs. Miss

Full Name: _____

Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____

Telephone: _____ Email: _____

Name & Affiliation as you would like it to appear on your badge:

Meeting Registration and Fees

The full registration fee includes admission for one person to the conference, welcome reception, and closing banquet. A welcome packet and refreshments will also be provided.

	AMS Members Regular	AMS Members Student	Non-Members	Total
Paid by June 1st	\$195.00 USD	\$145.00 USD	\$250.00 USD	\$ _____
After June 1 st	\$220.00 USD	\$170.00 USD	\$275.00 USD	\$ _____
Single Day	\$60.00 USD	\$35.00 USD	\$60.00 USD	\$ _____
(Includes welcome packet and refreshments) - Please indicate below day(s) attending:				
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday		
Extra Reception tickets:	_____ x \$15.00 (each)			\$ _____
Extra Banquet tickets:	_____ x \$50.00 (each)			\$ _____
Total Registration fees due:				\$ _____

Banquet Menu

The Tuesday night banquet will be held in the Sundial Resort "Sundial Room". Price includes salad, entrée and dessert. A cash bar will be available.

✓Please mark your selection

- Barrier Island Beef** - Tenderloin beef medallions served atop a mushroom merlot reduction.
- Paradise Chicken** - Boneless chicken breast stuffed with spinach and fontina cheeses, with a mornay sauce.
- Bronzed Grouper** - Fresh Gulf grouper sautéed with a red wine butter sauce.
- Vegetarian Dish - Portabello Wellington**

Field Trips -

	No. of Tickets	Ticket Price	Total Cost
1. Shelling and wildlife observation on Cayo Costa (10am - 3pm; Bring your own lunch)	_____	x \$35.00	\$ _____
2. J.N. "Ding" Darling National Wildlife Refuge (10am - 12Noon)	_____	x \$5.00	\$ _____
3. Sarasota fossil trip with Roger Portell (All-day trip; Box lunch provided)	_____	x \$35.00	\$ _____

Vendor Tables

If you would like to register a vendor table for the sale of books and related items, please call Dr. José Leal at 239-395-2233 for availability.

Payment Summary

Registration and Field Trips:	\$ _____
Memberships:	\$ _____
Note: If paying by credit card (www.paypal.com) add \$5.00	\$ _____
Grand Total:	\$ _____

Payment Instructions

Cancellation Policy: July 1st is the deadline to receive a full refund less \$50.00 administrative fee. After July 1st NO REFUNDS will be given.

1. If paying by check or money order, mail payment with completed registration form to:

Tina Yorgey
The Bailey-Matthews Shell Museum
3075 Sanibel-Captiva Road
Sanibel, FL 33957

Please make checks payable to: **American Malacological Society**

2. If paying by credit card or e-check: (You must have access to e-mail in order to use this service)

1. Go to www.paypal.com
2. Click on '**Send Money**'.
To use this service you must either
 - a. Have an account w/Paypal
 - b. Open a FREE account (follow instructions)
3. Follow prompts to make your payment and use the following e-mail address: shell@shellmuseum.org
4. Due to administrative costs please add **\$5.00** to the total payment.

- a. E-mail, Fax or mail completed form to:

Tina Yorgey
The Bailey-Matthews Shell Museum
3075 Sanibel-Captiva Road
Sanibel, FL 33957
Fax: 239-395-6706
tina@shellmuseum.org

- b. We will send confirmation by e-mail once we receive your completed form.

If you would like to become a member, please fill out the attached form. We are accepting payments for New Members ONLY. Renewing members must contact Dr. Susan B. Cook, Treasurer:
scook919@mns.com



THE AMERICAN MALACOLOGICAL SOCIETY

<http://erato.acnatsci.org/ams/>

Dr. Susan B. Cook, Treasurer
American Malacological Society, Inc.
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Arlington, VA 22203-1859
U.S.A.

2004 MEMBERSHIP DUES FORM

Please fill out this form on both sides and mail it, with payment of dues (see back of form for rates) to the Treasurer at the address above. Membership is by CALENDAR YEAR (January 1 through December 31).

NAME _____
Last Name Title First Name Middle Initial

Mailing address (for Bulletin and annual dues notices):

Institutional address (for membership directory) if different than mailing address:

TELEPHONE (Office): _____ E-MAIL: _____

FAX: _____ Home-page URL: _____

TELEPHONE (Home): _____

Special area of Study or Interest (60 characters max.): _____

STUDENT MEMBERS: College/Univ. where you are enrolled _____

Name & Signature of advisor _____

SCHEDULE OF ANNUAL DUES AND OTHER CHARGES:

Members at non-US Addresses, there is an additional fee to cover postage for the Bulletin. Please select appropriate category under POSTAGE below & include fee in total payment.

MEMBERSHIP CATEGORY (please check box and circle amount paid):

- | | |
|---|----------|
| <input type="checkbox"/> Regular Member - One year dues (2004) | \$ 60.00 |
| <input type="checkbox"/> Regular Member - Two years (2004 & 2005) | \$105.00 |
| <input type="checkbox"/> Regular Member - Three years (2004-2006) | \$145.00 |

- Each additional family member per year \$ 1.00
- Student Member (on reverse: fill-in institution & instructor signature) \$ 20.00
- Sustaining Member – dues plus \$25.00 \$ 85.00
- Affiliate Membership (Shell Clubs & other organizations) \$ 60.00

Foreign POSTAGE charge for journal: For US addresses, Bulletin is mailed at no additional charge. For countries outside the U.S., please check category & remit fee.

- To Canada & Mexico \$5.00 per year
- To all other countries \$10.00 per year

TAX DEDUCTIBLE GIFT

- To Symposium Endowment Fund \$ ____.
- To Student Research Grant Endowment Fund \$ ____.

TOTAL ENCLOSED: _____ \$ ____.

Because of high bank charges, payment can be made only by checks on a U.S. bank (with proper coding at the bottom), by international money order, or by MasterCard or Visa. Make checks payable to the A.M.S. or AMERICAN MALACOLOGICAL SOCIETY.

TO SAVE TIME & POSTAGE, the Treasurer does not issue dues receipts or confirm membership acceptances. In special cases where documentation is required, members may request an electronic acknowledgement from the Treasurer at scook919@msn.com.

If you wish to make payment via VISA or MasterCard, please complete the following:

Visa MC Card# _____ Expir. Date _____

Signature of cardholder _____

Send form and payment to Treasurer (address at top of page 1).

Thank you for continuing to support AMS