**THE MISSOURI VALLEY BRANCH**

### OF THE AMERICAN SOCIETY FOR MICROBIOLOGY

# Spring Meeting Mar. 31 – Apr. 2 2011

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NAME (First) (MI) (Last) Job Title

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COMPANY/INSTITUTION/AGENCY DEPARTMENT/AGENCY

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STREET ADDRESS/PO BOX

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**DAY PHONE** FAX NUMBER **E-MAIL ADDRESS (required)**

**I plan to attend the dinner at 6 p.m. on April 1st (cannot attend after 3/31):  Yes  No**

***Please note: wine and cheese event is sold out now.***

**Meeting Registration and Branch Membership Fee**

Student: $15 \_\_\_\_\_\_

Professional: $80 \_\_\_\_\_\_

**Branch Membership Discount**:

Subtract $15 if you are already a Missouri-Valley Branch member \_\_\_\_\_\_

**Total** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make checks payable to: Missouri Valley ASM.**

**(payment is by check only)**

**Questions about Registration Fees?**

Contact Donald Rowen at:

[drowen@unomaha.edu](mailto:drowen@unomaha.edu)

or call at 402-554-2143.