First International Symposium on Biological Control of Arthropods
Registration Form

Last Name: ____________________________________________
nom de famille
Given Name(s): _______________________________________
prenom

Correspondence Address (adresse pour correspondance):
Street: _____________________________________________
_____________________________________________________
City: ________________________________________________
State/Province: _______________________________________
Country: _____________________________________________

Voice Telephone: Country Code (    ) Number:______________
Facsimile Telephone Number: ______________________________
email: __________________________________________________

I am: (please check one)
    __: Presenting an invited talk
    __: Presenting a poster
    __: Attending only

Registration fee is US$120.00, payable in US funds only and only by check. Registration cannot be processed without registration fee. There are no fee waivers for speakers or those presenting posters, everyone must register to attend.

Checks must be made payable to: University of Massachusetts

I have included US$120.00 registration fee by:
    __: Personal Check
    __: Institutional Check
    __: Please check this box if you need a receipt for this registration fee.

Checks and completed registration forms must be received by July 17. All correspondence to:

    Dr. Roy Van Driesche
    Department of Entomology
    Fernald Hall
    University of Massachusetts
    Amherst, MA
    USA 01003