



ANNUAL MEETING REGISTRATION FORM – Questions? Email: membership@ssr.org

Registrant Information

Name: _____

Department/Division: _____

University/Organization: _____

Address: _____

City: _____

State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: work _____ mobile _____

Confirmations will be sent by email; your current email is:

Email: _____

The following information is requested for Equal Opportunity, Affirmative Action, and statistical purposes only, and is not required.

Gender

- Female
- Male
- Prefer Not to Answer
- Other _____

Ethnic Origin

- White (non-Hispanic)
- Black (non-Hispanic)
- Native American
- Hispanic
- Alaskan Native
- Asian
- Pacific Islander

Professional Designation *(check all that apply)*

- Ph.D
- M.D.
- DVM
- Doctoral Student
- Post-doctoral Student
- Other _____

Trainee Volunteer Subcommittee (for trainees only)

- Please check if you would like to serve as a Trainee Volunteer at the Meeting. Additional information will be emailed to you. Please select a t-shirt size: circle Male or Female and circle size XS, S, M, L, XL OR XXL

Letter of Invitation (for visa purposes)

If you require a Letter of Invitation, please email abstracts@ssr.org with your request. Please include your preferred mailing address.

Other Details: (Please select all that apply)

- First time attendee
- Lab Manager/Buyer
- Job Seeker
- Special dietary request (provide details) _____
- Special needs (provide details) _____

SSR Meeting Registration

Please use a separate registration form for each registrant. All prices in US Dollars (USD).

Registration Type	Register by 24 May	After 24 May	Total USD Funds
Regular or Associate SSR Member	\$550	\$700	\$ _____
Emeritus SSR Member	\$400	\$550	\$ _____
Trainee SSR Member/Non-Member	\$400	\$550	\$ _____
Non-Member	\$850	\$1000	\$ _____

Roommate Referral Service (RRS)

As a trainee, are you interested in sharing a room with another trainee and splitting the room costs: YES or NO

T-Shirts (supports Trainee Travel Grants)

	Total Items	Price per Item	Total USD Funds
Female Sizes			
X-Small ____			
Small ____			
Medium ____	_____	\$20	\$ _____
Large ____			
X-Large ____			
XX-Large ____			
Male Sizes			
Small ____			
Medium ____			
Large ____	_____	\$20	\$ _____
X-Large ____			
XX-Large ____			

<u>Special Events</u>	Total Tickets	Price per Ticket	Total USD Funds
For Trainee Registrants only (no guests): NICHD Workshop, Thursday, 18 July	_____	\$10	\$ _____
For Trainee Registrants only (no guests): Trainee Forum , Thursday, 18 July	_____	\$0	\$ _____
Pre-Meeting Media Training Workshop: Thursday, 18 July		\$20	
Opening Reception , Thursday, 18 July – Free! (included with registration) at San Jose McEnery Convention Center	_____	\$0	\$0
Diversity Symposium Lunch , Friday, 19 July <i>Please circle meal type: vegetarian or non-vegetarian</i>	_____	\$25	\$ _____
WinRS Breakfast/Subcommittee Meeting , Saturday, 20 July	_____	\$0	\$0
For Trainee Registrants only (no guests): Trainee/Mentor Luncheon , Saturday 20 July <i>Please circle meal type: vegetarian or non-vegetarian</i>	_____	\$30 for Trainees \$0 for Mentors	\$ _____
Heritage Lunch , Sunday, 21 July <i>Please circle preferred meal type: vegetarian or non-vegetarian</i>	_____	\$35 \$0 (first 50 Trainees)* made possible by Dr. Bartke	\$ _____
5K Fun Run/Walk , Sunday, 21 July (incl. free t-shirt) T-Shirt size(s): Female sizes: S ___ M ___ L ___ XL ___ XXL ___ Male sizes: S ___ M ___ L ___ XL ___ XXL ___ Fundraising while you run? <i>Please circle: YES NO</i>	_____	\$30	\$ _____
Closing Event for Registrant , Sunday, 21 July Free! (included with registration) at Children's Discovery Museum of San Jose	_____	\$0	\$ _____
Additional Adult Guest ticket to Closing Event: \$25, kids under 12 are free! Name of Guest(s): _____	_____	Guest \$25	\$ _____
Alda Institute Workshop (made possible by the Bill and Melinda Gates Foundation, up to 400 attendees), Monday, July 22, 9:00am-10:30 am	_____	\$15	\$ _____
Alda Intensive (made possible by the Bill and Melinda Gates Foundation – limited to 32 attendees) Monday, July 22, 10:45am-12:15 pm	_____	\$20	\$ _____

Voluntary Fund Contributions (100% tax deductible for US residents)

Total USD Funds

SSR Trainee Travel Fund	\$ _____
SSR General Endowment Fund	\$ _____
Virendra B. Mahesh New Investigator Fund	\$ _____
Virendra B. Mahesh Neuroendocrine Program Fund	\$ _____
<i>Biology of Reproduction</i> Legacy Fund	\$ _____
SSR Trainee-Mentoring Fund	\$ _____
Anita Payne Endowment Fund	\$ _____
Past President's Endowment Fund	\$ _____
John J. Eppig Endowment Fund	\$ _____
William Hansel Ovarian Research Program Fund	\$ _____

Payment Information

TOTAL AMOUNT TO PAY (US dollars only).....\$ _____

- Check (USA residents only using USA Banks)
- Invoice _____ for payment. Invoice will be emailed to you to submit to your institution.
- Bank transfer (please add an additional \$25 to total payment for bank processing)
Email membership@ssr.org for bank wire transfer information
- Credit Card
 - Visa MasterCard AMEX Discover

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Name on card: _____

Signature: _____

Scan and email Registration to membership@ssr.org, or
 Mail Registration to: Society for the Study of Reproduction (SSR)
 11130 Sunrise Valley Drive, Suite 350
 Reston, VA 20191

Cancellation Policy

Refunds, less a \$50 service fee, will be issued for cancellations received in writing on or before June 3, 2019.

Cancellations received after June 3rd and before June 21st will be subject to a service charge of USD \$150.

No refund will be issued for cancellations received on or after June 21st, 2019.

Registration may be transferred to another individual.