

SMCMB Conference Registration Information

→ Upon registration, fill out this form and email it to: [Dr. Harry Ridgway](#)

Thank you for registering and we look forward to seeing you in Tucson!

Fields marked below with * are required...

Registration Info Category...	Place an "X" in Box, Highlight, or Write Response...
*Your Name (Dr, Prof, Ms, Mrs, Mr, other)	
*Your Email Address:	
Your Phone Number (optional):	
Emergency Contact Information (optional):	Name: Phone: Email:
*Institutional Affiliation:	Name: Department: City: Country:
*Full-Time Academic Faculty?	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Student or Postdoc?	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Other :	Industry <input type="checkbox"/> Government <input type="checkbox"/> Municipal <input type="checkbox"/>
*Meal Preferences:	Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/>
Special Dietary Requests (briefly explain: e.g., "no dairy")	
Other Special Requests (briefly explain: e.g., "wheel chair")	
Other Comments:	
*Registration has been paid in full?	YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTE: Your personal information *is kept confidential and will not be shared with third parties*. The information provided will only be used to verify meeting registration and honor your dietary and other special requests.