40th Meeting
Midwestern Section, American Society of Animal Science
Midwest Branch, American Dairy Science Association
March 19-21, 2007, Des Moines, Iowa

REGISTRATION FORM
(One Registration Per Form)

Please Print
Name _____ University/Business Affiliation_____

Street Address _____ City_____ State_____ Zip _____

Phone _____ FAX _____ E-mail _____

My membership is with: ☐ ASAS ☐ ADSA ☐ Both ☐ Neither

Meeting Registration Fee	**Before March 1**	**After March 1**
ASAS/ADSA Member	_____ $110	_____ $160
Undergraduate Student	_____ $10	_____ $10
Graduate Student Member	_____ $20	_____ $30
Post Doctoral Fellow	_____ $20	_____ $30
ASAS/ADSA Fellow	_____ Free	_____ Free
***Nonmember	_____ $220	_____ $260
***Graduate Student Nonmember	_____ $40	_____ $50
***Post Doctoral Fellow Nonmember	_____ $75	_____ $85

***Includes Membership to ☐ ASAS ☐ ADSA - - Check which you would like

Tuesday, Box Lunch	_____ $13	_____ $ 13
TOTAL	$_____	$_____

Make check payable to the ASAS/ADSA MW Meeting and submit with registration information by **March 1, 2007** to: Midwestern ASAS/ADSA Meeting, 1111 North Dunlap Ave., Savoy, IL 61874 or fax to 217-398-4119. There will be a late fee added for Registrations **received after March 1, 2007**. **Cancellation Policy: To be eligible for a 90% refund of meeting registration fees, requests must be received in writing before March 1, 2007 No refunds will be issued on ticketed events.**

SPECIAL EVENTS
Please check those you plan to attend.

_____ Reception, Monday evening, 6:00 p.m. – 7:30 p.m. - No charge

_____ Academic Quadrathlon Quiz Bowl, Monday evening, 7:30 p.m. - No charge.

_____ Reception, Tuesday evening, 6:00 p.m. – 7:30 p.m. - No charge

_____ Breakfast/Awards and Business Meeting, Wednesday morning, 6:45 a.m. - 9:00 a.m. (Members/Donors/Invited Guests only) - No charge - (Sponsored by APC, Inc., Cargill Animal Health, Fort Dodge Animal Health, Land O'Lakes Purina Mills LLC, and VetLife)

Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Total amount to charge: _____

Credit Card Number _____ **Expiration Date** _____

Signature _____