

41st Meeting
Midwestern Section, American Society of Animal Science
Midwest Branch, American Dairy Science Association
March 17-19, 2008, 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	<u>Before February 29</u>	<u>After February 29</u>
ASAS/ADSA Member	_____ \$110	_____ \$160
Undergraduate Student	_____ \$10	_____ \$10
Graduate Student Member	_____ \$20	_____ \$30
Post Doctoral Fellow Member	_____ \$20	_____ \$30
ASAS/ADSA Fellow	_____ Free	_____ Free
***Nonmember	_____ \$220	_____ \$260
***Graduate Student Nonmember	_____ \$40	_____ \$50
***Post Doctoral Fellow Nonmember	_____ \$75	_____ \$85
***Includes Membership to <input type="checkbox"/> ASAS <input type="checkbox"/> ADSA -- Check which you would like		

Tuesday, Box Lunch _____ \$14 _____ \$ 14

TOTAL \$ _____ \$ _____

Make check payable to the ASAS/ADSA MW Meeting and submit with registration information by **February 29, 2008** 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 February 29, 2008**.
Cancellation Policy: To be eligible for a 90% refund of meeting registration fees, requests must be received in writing before February 29, 2008. 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., 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 _____