

Loot Nome

## **Botany 2000**

August 6-10, 2000 • Portland, OR

Meeting of the following societies: ABLS, AFS, ASPT, BSA, and IAPT

# OREGON CONVENTION CENTER DOUBLETREE LLOYD CENTER

- ☐ I need a childcare list
- I do not require lodging

## Registration Form

## 3 Ways to Register

Deadline to register in advance is 14 July 2000.

#### On line:

www.botany2000.org

Fax all completed forms to: 330-963-0319

Mail all completed forms to:

Botany 2000 PO Box 75013

Cleveland, OH 44101-2199

	Special Needs: If you have special needs that may affect your participation
in t	his event, please check the box provided and a Botany 2000 Registration
Re	presentative will contact you.

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PLEASE TYPE OR PRINT LEGIBLY (one form per registrant).

Last Name			1 1130 140111		
Badge Name			Organiza	tion	
Mailing Address					
City	State		ZIP or Pos	stal Code	Country
Telephone ( ) *Required: Confirmations w	ill be faxed to the r	Fax* ( ) _ number above wit	hin 7 business days	E-mail_ s. Please use countr	y code number if not USA or Canada.
Society Membership(s	s): ABLS	S, AFS	S, ASPT	, BSA,	IAPT
Registration Fee Sch	nedule				
Registration fees cove Mixer, all Scientific Se					ch Lectures, All-Society follows:
Classification	early: befor	e 15 June	late: 15 June	to 14 July	on site: after 14 July
Regular Member Non-member Student* K-12 Educator* Companion** One-day only***	□ \$195 □ \$ 75 □ \$ 75 □ \$ 50	□ \$200 □ \$80	□ \$220 □ \$100 □ \$100	<b>\$105</b>	T
* Student / Educator Name and E-mail of					
Exhibition Hall; inclu NOTE: Does NOT i	udes eligibility f nclude admissi ame	or workshops on to scientific	, field trips, loca c sessions. Firs	I tours, and ticke	
					g., Wed., 9 Aug.
r lease indicate day	Suil., C	nuy.,1	violi., I Aug.,	Tues., o Au	g., vveu., a Aug.

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Registration	Form	

### **Student Projectionists**

Please see registration brochure for additional details and an 'Application to serve as a student audio visual projectionist.' Student projectionists are expected to work up to 10 hours (2 sessions) in return for having their registration fee <u>refunded</u>. Fee waivers are not granted.

☐ I wish to work as a student projectionist to have my student registration fee refunded

### Scientific Field Trips

✓ appropriate box(es) below

Name: \_

Field trip fees include transportation and lunch where indicated. All field trips depart from the Oregon Convention Center. See Field Trip descriptions for full discussion of trip destinations, leaders, logistics, special notes, and expected expenses for multi-day trips. Please read 'Refund and Cancellation Policy.'

☐ FT1 The Botany of Beer (Sat., 5 Aug.). Full day. Lunch on your of tickets x \$35 = \$	wn.
☐ FT2 Ferns of the Columbia River Gorge (Sat., 5 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$45 = \$	
☐ FT3 Exploring the Mouth of the Columb (Sat., 5 Aug.) Full day. Lunch provided; museum admission not included. # vegetarian meals	ia River
☐ FT4 Ferns of Larch Mountain (Sun., 6 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$45 = \$	
FT5 Bryophytes of the Columbia River (Sun., 6 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$45 = \$	
□ FT6 Vascular Plants of the Columbia River Gorge (Sun., 6 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$45 = \$	
☐ FT7 Berry Botanic Garden (Sun., 6 Aug.). half-day, pm. # of tickets x \$20 = \$	
□ FT8 Bonney Meadows, Mt. Hood (Sun., 6 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$45 = \$	
☐ FT9 Cascade Head, Oregon coast (Sun., 6 Aug.). Full day. Lunch provided. # vegetarian meals	

□ FT10 Saddle Mountain (Thurs., 10 Aug.). Full day. Lu # vegetarian meals # of tickets x \$45	nch provided. = \$
☐ FT11 Berry Botanic Garden (Thurs., 10 Aug.). half-day, pm # of tickets x \$20	n. = \$
□ FT12 Conservation Biology at Botanic Garden (Thurs., 10 Au # of tickets x \$20	
□ FT13 Wind River Canopy Cra Research Facility (Thurs., 10 / Full day. Lunch provided. Inclu # vegetarian meals # of tickets x \$70	Aug.).
☐ FT14 Wildflowers of the Casc (Thurs., 10 Aug.). Full day. Lur # vegetarian meals # of tickets x \$45	
□ FT15 Lichens & Bryophytes fit to Coast (ThursMon., 10-14 / Multi-day; includes lodging. Indexcept for day 1 and breakfast # vegetarians # of tickets x \$335	Aug.). cludes meals
☐ FT16 Steens Mountain (ThursMon., 10-14 Aug.). Mulodging and all meals. # vegetarians # of tickets x \$480	ulti-day; includes = \$
☐ FT17 Fossil Forests of Central (ThursMon., 10-14 Aug.). Mu lodging and all lunches plus 1 # vegetarians # of tickets x \$385	ılti-day; includes
☐ FT18 <i>Mt. St. Helens</i> (Fri., 11 Aug.). Full day. Lunch provided. # vegetarian meals # of tickets x \$55	and entrance fees

Wo	orkshops		✓ approp	riate box(e:	s) below	
wor	rkshop fees include transpo kshops at Portland State U ase read 'Refund and Cand	niversity. See W				
<u>(</u>	NS1 Using World Wide W Enhance Teaching and Lea Sun., 6 Aug., 9:00 am – no Fransportation departs OC of tickets x \$20	arning oon). C at 8:30 am.		<i>Electro</i> (Sun., Transp	Bringing Your Herb onic Age 6 Aug., 1:00 pm– portation departs C kets x \$20	4:00 pm). OCC at 12:30 pm.
; ; ;	NS2 Integrating Computer and Analyses Systems Into Laboratories. (Sun., 6 Aug. Price includes lab manual v Fransportation departs OC of tickets x \$45	o <i>Undergraduate</i> , 1:00 pm – 4:30 with CD. C at 12:30 pm.	Biology	<i>Popula</i> Price i Transp		OCC at 8:30 am.
Tic	keted Society and Assoc	iation Events	✓ approp	riate box(e	s) below	
	ABLS Breakfast	Mon., 7 Aug.	7:00 – 8:30	am	# of tickets	_ x \$20 = \$
	AFS Luncheon	Mon., 7 Aug.	noon – 1:30	) pm	# of tickets	_ x \$16 = \$
	Paleobotany Banquet	Mon., 7 Aug.	6:30 - 8:00	pm	# of tickets	_ x \$37.50 = \$
	Missouri Botanical Garden Breakfast	Tues., 8 Aug.	7:00 – 8:30	am	# of tickets	_ x \$15 = \$
	Economic Botany Luncheon	Tues., 8 Aug.	11:30 am -	1:00 pm	# of tickets	_ x \$20 = \$
	ASPT Banquet	Tues., 8 Aug.	6:00 - 9:30	pm	# of tickets	_ x \$35 = \$
	BSA Banquet	Wed., 9 Aug.	7:00 – 10:0	0 pm	# of tickets	_ x \$35 = \$
Lo	cal Tours		<b>✓</b> appro	ppriate box(	(es) below	
tour	I tour fees include transpor descriptions for destination se read 'Refund and Cance	and activity info				
( #	T1 OMSI & Willamette Je Sun. 6 Aug.) 1:00 pm to 6: f of adult tickets x \$ f of child tickets x \$	00 pm. \$57 = \$		Watching (Tues., 8 # vegetar	g Excursion.	tal Tour and Whale 6:00 pm; includes lunch. = \$
(	T2 The Oregon Coast at a Mon., 7 Aug.) 9:00 am to 5 own.	::00 pm; lunch or	•	LT6 Can River Sce (Wed., 9		aking: Waterfowl and mette River. 0:30 am.
(	T3 Mount Hood, Timberlii Mon. 7 Aug.) 9:00 am to 4: bwn. Includes chair lift ride. f of tickets x \$38	00 pm; lunch on		LT7 <i>Mou</i> (Wed., 9 # vegetar	ınt St. Helens Tou	r. 5:00 pm; includes lunch.
( 	T4 Oregon Wine Country Tues., 8 Aug.) 10:00 am to unch. t vegetarians t of tickets x \$55	4:00 pm ; incluc		LT8 <i>Whi</i> (Wed., 9 lunch. # vegetar	ite Water Rafting 7	Four. 5:00 pm; includes

Name: \_

Registration Form

Registration Form	١	lame:	
Registration Payment Information			
Unless appropriate check or credit card information accompanies this form, you will NOT be considered registered.  Checks and credit cards are the only acceptable form of registration payment. Purchase orders and wire transfers will NOT be accepted.	REFUND AND CANCELLATION POLICY: Requests for fee refunds will be honored if received in writing to Botany 2000 before 30 June 2000. Registration fee refunds will be subject to a \$50 processing fee. Multiday field trips may be subject to a penalty if cancelled after 15 June 2000. Full fee refunds will be granted for Social Events, Scientific Field Trips, Local Tours, and Workshops if they exceed maximum enrollment, do not meet minimum enrollment, or if cancelled for any reason.  ALL refunds will be issued AFTER the meeting.		
☐ Check enclosed payable (US Dollars only) t	to: Botany 2000	Registration fee total	\$
☐ Paying by credit card: ☐ VISA ☐ M	Scientific field trips	\$	
Card number:	Workshops	\$	
Expiration Date:  Cardholder Name (print):	Ticketed Society and Association Events	\$	
Cardholder Signature:		Local toura	¢.

Office use only Rec'd. \_\_\_\_\_ Check No. \_\_\_\_ Amt. of Check \_\_\_\_ Date entered \_\_\_\_ Ent. by \_\_\_\_\_

I agree to pay total amount according to card issuer agreement

To avoid duplicate registration, if you are faxing this form or using online registration, please DO NOT mail the original.

Local tours

and fees

**TOTAL** registration

## **Housing Form**

PLEASE TYPE OR PRINT LEGIBLY

## **Botany 2000**

August 6-10, 2000 • Portland, OR

## OREGON CONVENTION CENTER DOUBLETREE LLOYD CENTER

Meeting of the following societies: ABLS, AFS, ASPT, BSA, and IAPT

## 3 Ways to Make Room Reservations

#### On line:

www.botany2000.org

Fax all completed forms to: 330-963-0319

Mail all completed forms to:

Botany 2000 PO Box 75013 Cleveland, OH 44101-2199

**Botany 2000** has contracted with a number of hotels convenient to the Oregon Convention Center. You must complete the following form and include it with your registration forms. Housing will NOT be processed without registration. ALL housing arrangements MUST be received and guaranteed with a credit card by 14 July 2000.

☐ Yes, housing is required and I am maki	ng the reserva	tion on this	s form.		
☐ I am sharing a room but not making the reservation. The roomholder is					
☐ Special Needs: If you have special nee and a <b>Botany 2000</b> Registration Repre					
Last Name:	F	irst Name	:		
Telephone ( ) Fax* *Required: Confirmation will be faxed to the number	( )above within 7 bus	siness days. I	E-ma Please use c	ilountry code	number if not USA or Canada.
ARRIVAL day/date:		EPARTU	RE day/da	te:	
Hotel Accommodations					
<b>Hotel Preferences</b> : Please number hotels in preference order (1-4), where 1 indicates the first choice. If you list fewer than four preferences and rooms are not available, a hotel will be assigned to you. <b>Host Hotel</b> : The Doubletree Lloyd Center is the host hotel. Their support ensures successful staging of society council meetings, most ticketed social events, Plenary and Outreach Lectures, and the All-Society Mixer.					
Hotel	Sgl	Dbl	ТрІ	Quad	Room type  ✓ appropriate box
<ul> <li>Doubletree Lloyd Center – 1 queen</li> <li>Doubletree Lloyd Center – 2 queens</li> <li>Doubletree Lloyd Center – 1 king</li> <li>Best Western Downtown</li> <li>Hawthorne Inn &amp; Suites</li> <li>Holiday Inn Downtown</li> </ul>	\$113 \$122 \$132 \$90 \$78 \$97	\$113 \$122 \$132 \$90 \$89 \$97	\$128 \$137 \$137 \$90 \$89 \$107	\$143 \$152 \$152 \$90 \$89 \$107	Single (1 person, 1 bed) Double (2 people, 1 bed) Double/double (2 people, 2 beds) Triple (3 people, 2 beds)
Room rates are per night in US Dollars and	d do not includ	e room tax	(11.5%)		Quad (4 people, 2 beds)

Housing Form	Name:
riousing rollin	Name.

### **Dormitory Accommodations**

Only a few double occupancy rooms (2 twin beds) at Portland State University are available on a first-come, first-served basis from Sun., 6 Aug. to Thurs., 10 Aug. Rooms are not available prior to or after these dates. Dorms are **not close** to meeting activities, but they are served by public transportation. Because of the limited number of dorm rooms, they are intended for student use.

ROOMMATE ARRANGEMENTS must be made before reservations can be accepted; only one person should make the reservation.

If all dorm spaces are filled, you will be booked into the next lowest-priced hotel available.

**Payment**: All dormitory spaces must be paid in full in advance for four nights of occupancy (total \$152). A credit card number must be provided as payment. Once reservations are made, accepted, and charged, NO REFUNDS CAN BE GRANTED FOR ANY REASON.

☐ Rate: \$38 per room, per night, for four nights = \$152	
Name of person sharing dorm room:	

### **Housing Payment**

□ VISA	MasterCard	American Express	Discover
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**Hotel Guarantee**: A credit card number must be provided to hold a reservation. Check deposits will not be accepted. **Note**: For <u>hotel reservations</u>, your credit card may be charged by the hotel for one room night when the reservation is made. For dormitory reservations, your credit card will be charged for the TOTAL amount.

Card number:	Expiration Date:
Cardholder Name (print):	
Cardholder Signature:	

I agree to pay above total amount according to card issuer agreement

