



July 26 – 28, 2016
Hyatt Regency Guam
1155 Pale San Vitores Rd
Tamuning, GU 96913

REGISTRATION FORM

First Name: _____ Last Name _____

Organization: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____

Please list any ADA Special Needs: _____

CONFERENCE FEES

(All fees listed in U.S. Funds) Includes Reception, Lunch, & Proceedings.

PLEASE CHECK THE APPROPRIATE FEE(s):

\$65.00 3-Day Conference (July 26- July 28, 2016)
(Single day rates not available)

\$50.00 Closing Dinner (July 28, 2016)
(optional)

Special Dietary requirements: _____

Presentation Options:

Oral presentation, 20 min. (limited to 12 presenters)

I am *only* willing to give the presentation orally

I would prefer to present orally but am willing to do a poster

Poster presentation

I would like to be a plenary speaker, if possible. (Please contact clobban@guam.net directly to express interest.)

Collecting Blitz

Yes, I would like to participate in the field day July 28. (Please complete the information form and send to clobban@guam.net.)

Cancellations/Changes and Refunds: Fees for late arrivals and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than **July 18, 2016**. After this date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are **NOT** allowed.

PAYMENT METHOD: Check or Money Order must be in U.S funds payable to: **University of Guam**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be emailed. **If form of payment is through a Government of Guam Purchase Order, all registration forms must be accompanied by the purchase order.**

Please check appropriate box: Cash

Check: **Please make checks payable to 'University of Guam'; memo: 2016 IRCN-BC Conference*

Credit Card: Email Address _____

**For Credit Card Payments, a credit card authorization form must be completed and signed. Please provide a valid email address to which the credit card authorization form may be sent.*

Send completed form to:

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