



Poultry Science Association
2015 Annual Meeting
Louisville, Kentucky
July 27-30, 2015

2015 PSA ANNUAL MEETING REGISTRATION

PSA Member ID# _____ PSA WPSA Nonmember

Abstract # _____ (if you are the presenting author please enter your abstract number)

Name _____
First Middle Initial Last

Institution/Company _____

Business Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Preferred first name on badge _____

E-mail (required) _____

Phone _____ Fax _____

REGISTRATION FEES

	By June 3	After June 3
PSA-WPSA Professional Member	\$350	\$475
Professional Nonmember	\$475	\$650
Retiree/Emeritus	\$100	\$125
Post Doc Member	\$150	\$175
Post Doc Nonmember	\$250	\$300
Graduate Student Member	\$100	\$125
Graduate Student Nonmember	\$175	\$225
Undergraduate Student Member	\$25	\$50
Undergraduate Student Nonmember	\$75	\$100
Spouse/Guest	\$25	\$35

Spouse/Guest Name on Badge _____

Please check this box if you have special dietary needs for the meals that you have selected. (we will contact you).

ABSTRACTS:

If you wish to have a copy of the abstracts sent to you **AFTER** the meeting, please check the format you want.

Abstract Thumb Drive \$10 shipping

Abstract CD \$10 Shipping

REGISTER ONLINE: <http://www.poultryscience.org/psa15/>

TICKETED EVENTS

Fee Quantity

Sunday, July 26
 Golf Scramble \$50 _____
 _____ handicap/score
Monday, July 27
 Opening Session \$0 _____
 Nat'l Poultry Ext. Lunch \$23 _____
 Welcome Reception \$0 _____
Tuesday, July 28
 Chicken Trot, includes T-shirt \$20 _____
 ___ SM ___ MD ___ LG ___ XL ___ XXL

 Auburn University Breakfast \$18 _____
 Big Ten Breakfast \$18 _____
 WPSA-USA/CANADA Lunch \$23 _____
 PSA Student Lunch (ticket required; \$0 _____
 Must be a student to attend)

 Wine/Cheese Poster/Exhibitor \$0 _____
 Reception
Wednesday, July 29
 PSA Business Meeting Breakfast \$0 _____
 Am. Poultry Historical Soc. Lunch \$23 _____

 BBQ Picnic \$24 _____
 PSA/WPSA Student Mixer \$0 _____
 (Must be a student to attend)
Thursday, July 30
 PSA Awards Celebration \$30 _____
Total Amount Due \$ _____**PAYMENT INFORMATION**
 Check enclosed (drawn on US bank in US dollars)
 -or-
 Please charge my credit card \$ _____

 American Express MasterCard
 Visa Discover

Card Number _____

Expiration Date _____

*Signature _____

*(Required)

 If using 2 credit cards for payment, please check
 here for second payment \$ _____

 American Express MasterCard
 Visa Discover

Card Number _____

Expiration Date _____

*Signature _____

*(Required)

REGISTER ONLINE<http://www.poultryscience.org/psa15/>**OR****MAIL/FAX THIS FORM TO:**
2015 PSA Annual Meeting
 1800 South Oak Street, Suite 100
 Champaign, IL 61820
 Tel: 217.356.5285 Fax: 217.398.4119
 Email: psa@assochq.org
CANCELLATION POLICY

To be eligible for a refund of meeting registration fees, requests must be received in writing before the following dates:

On or before June 3, 2015	90% Refund
After June 3, 2015	NO REFUND

The cancellation dates apply only to the meeting registration fees. Ticketed events may be canceled due to minimum attendance requirements. Refunds will be issued for CANCELED ticketed events only. There will be NO REFUNDS for non-canceled ticketed events. All approved refunds will be issued after the meeting in the form in which payment was made.