XVIII Biennial Conference on Phage/Virus Assembly
Woods Hole, Massachusetts, USA
May 31 - June 5, 2003
www.phagevirusassembly.org

Registration Form

(Please Type or Print Clearly) Deadline: March 15, 2003

CONFERENCE ATTENDEE / Non-Conference Guest

Name _________________________________________________________________
Institution _________________________________________________________________
Address _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Phone # __________________________ Fax _____________________________
Email ___________________________________________________________________

Are you willing to: speak? ____ chair? ____ present poster? ____

REGISTRATION FEES (Includes lodging and food)

___ $575.00 (Double Room - ALL rooms at the hotels are NON-smoking only.)
   Suggested roommate: ______________________________________________________
   You are: ___ Male     ___ Female

___ $250.00 Registration only*
   (*For those staying off-site. This fee includes meals and abstract.)

Other Lodging Options:

___ Single Room (1 king-size bed) $885.00
___ Non-conference Guest** $225.00 Name:____________________________
   (**Fee is for meals only. Accommodation must be in single room with attendee.)

SPECIAL FOOD REQUIREMENTS

_____ Vegetarian _____ Food allergies, specify:_________________________________

PAYMENT

Check or money order in US Dollars ONLY made payable to MIT. (Sorry, we’re not able to
take electronic or credit card payments.)

REGISTRATION FORM, PAYMENT AND ELECTRONIC ABSTRACT MUST BE

Mail to: Cindy Woolley
MIT, Rm. 68-330
77 Massachusetts Avenue
Cambridge, MA 02139 USA