

Program MARK Workshop  
June 3-8, 2007  
Fort Collins, Colorado, USA

REGISTRATION FORM

**PARTICIPANT INFORMATION** Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Female  Male

University/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (Include country and/or area code with telephone & fax)

 Please list ADA Accommodations needed: \_\_\_\_\_

Background with analysis of data from marked animals: \_\_\_\_\_

Description of data you would like to analyze in the workshop: \_\_\_\_\_

**CONFERENCE FEES** Please see the Registration Page for details and check appropriate box.

All fees listed are in U.S. Funds. The registration fee includes the Welcome Reception and Banquet.

	Postmarked & Paid By May 15, 2007	Postmarked & Paid After May 15, 2007	Fees
Registration Fee	<input type="checkbox"/> \$1200.00	<input type="checkbox"/> \$1500	\$ _____
Student Registration Fee	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$1200	\$ _____
<b>TOTAL DUE WITH REGISTRATION</b>			\$ _____

**PAYMENT METHOD** — Full payment is due prior to receiving conference confirmation.

Please see registration information for details. Checks/money orders must be in U.S. funds payable to: **Colorado State University**. There will be a **\$17.00 fee charged on checks returned by the bank due to insufficient funds**.

Make checks payable to Colorado State University in U.S. funds.

Payment Type  Check  VISA  MasterCard  Diner's Club  Money Order

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Verification Code \_\_\_\_\_ Billing ZIP \_\_\_\_\_

Fees for missed meals, late arrivals, and early departures will not be refunded. Cancellations or changes resulting in a refund must be received by April 30 and are subject to a \$50 administrative fee. After April 30 registration fees are non-refundable. Refunds will be processed after the event. No refunds will be made for no-shows. Substitutions are permitted. A returned check fee of \$17 will be assessed for all returned checks.

Registration Questions, contact Office of Conference Services (970) 491-7501, [ocsreg@colostate.edu](mailto:ocsreg@colostate.edu)  
Conference Program Questions, contact (970) 491-6678, [gwhite@colostate.edu](mailto:gwhite@colostate.edu)

Mail Registration Form to:

**MARK Workshop**  
Colorado State University  
Conference Services  
Fort Collins, CO 80523-8037

Fax Form to: (970) 491-7747

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Please do not submit credit card information via email; security cannot be guaranteed. You may fax or telephone credit card information.