

AMERICAN METEOROLOGICAL SOCIETY

17th Conference on Air-Sea Interaction

17th Conference on Satellite Meteorology and Oceanography

Ninth Conference on Coastal Atmospheric and Oceanic Prediction and Processes

27-30 SEPTEMBER, 2010

ANNAPOLIS, MD

NAME: _____ WORK TEL #: _____
AFFILIATION: _____ FAX #: _____
WORK ADDRESS: _____ IN CASE OF EMERGENCY, CONTACT #: _____
E-MAIL: _____
AFFILIATION TYPE: _____ (See Box 1 on reverse)
DO YOU WANT YOUR NAME PUBLISHED ON THE ATTENDANCE LIST? (See reverse) YES NO

GUEST/HOTEL INFORMATION (FOR AMS INFORMATION ONLY; ATTENDEE IS RESPONSIBLE FOR MAKING OWN HOTEL RESERVATION)

ARE YOU BRINGING A GUEST? YES NO If yes, NAME OF YOUR GUEST (FOR BADGE): _____
HOTEL NAME: _____
ARRIVAL DATE: _____ DEPARTURE DATE: _____ SINGLE or DOUBLE

REGISTRATION PACKAGES (SEE BOX 2 ON PAGE 2)

1) PACKAGE CHOICE: (SEE BOX 2 ON PAGE 2) Full-Week One-Day
2) ATTENDEE TYPE: _____ (SEE BOX 3 ON REVERSE)

If One-Day Package, Indicate DAY OF WEEK: _____

ADDITIONAL TICKETS

Full week package includes a banquet ticket for the Cocktail Cruise on 9/29.

Number of **Additional** COCKTAIL CRUISE tickets (\$55 each): # ___ : Price \$ ___

TOTAL CONFERENCE FEES AND METHOD OF PAYMENT

CHECK PURCHASE ORDER #: _____ REGISTRATION FEE: \$ _____
Additional Tickets Fees: \$ _____
 CREDIT CARD (MasterCard VISA AMEX) **TOTAL CONFERENCE FEES** \$ _____

Card # _____
Expiration Date: _____
Name on Credit Card: _____
Street Address as it appears on Credit Card Statement: _____

City: _____ State/Prov. _____ Zip/Postal Code: _____

MAILTO: AMS 17AirSea/17SatMet/9Coastal Conference, 45 Beacon St., Boston, MA 02108
Fax: (617) 742-8718 or (617) 249-0272

REGISTRATION POLICY

Submit this form with payment by **08/16/10** in order to receive the lower registration rate. Registrations received at AMS from 08/16/10 and through the conference dates will be processed at the higher rate (SEE RATES BELOW). **After 08/30/10 please register at the meeting or On-line.** Payment may be made with check, purchase order (HARD COPY REQUIRED) or credit card (MASTERCARD/VISA/ AMERICAN EXPRESS). FAXED registration forms must be accompanied by payment (PO OR CREDIT CARD # ONLY). Refunds are given (LESS A \$25 FEE) if cancellation is received by **20 September, 2010** (NO REFUNDS THEREAFTER). **Registration will not be processed without payment.** Confirmation of registration will be e-mailed.

ATTENDANCE LISTS

The AMS will be making the attendance list from this meeting available to attendees and exhibitors (if participating). The list will be provided in electronic form only and will include attendee name, affiliation (if provided), address, city, state, zip code, and country. **No phone, facsimile, or e-mail address will be provided on the list.** To request a copy of this list, inquire at the AMS Registration Desk on-site.

BOX 1: SELECT ONE OF THE FOLLOWING **AFFILIATION TYPES** AND FILL IN ON THE REVERSE:

- GOVERNMENT • PRIVATE SECTOR • STUDENT • UNIVERSITY

BOX 2: SELECT **REGISTRATION PACKAGE** AND YOUR **ATTENDEE TYPE** AND FILL IN ON THE REVERSE

ATTENDEE TYPE	FULL-WEEK PACKAGE includes: Admittance to all conferences, all conference materials, all coffee breaks, formal poster viewings, and a Cocktail Cruise ticket for Wednesday evening.		ONE-DAY PACKAGE: includes: Admittance to all conferences and coffee breaks for one day. The Cocktail Cruise ticket is NOT included.	
	By 16 August	17 August and Onsite	By 16 August	17 August and Onsite
AMS FULL MEMBER; PROGRAM CHAIR & SESSION CHAIR	\$475	\$515	\$250	\$290
AMS ASSOC. MEMBER, NONMEMBER SPEAKER/POSTER PRESENTER*	\$515	\$555	\$250	\$290
NON-MEMBER	\$570	\$610	\$250	\$290
RETIRED MEMBER	\$255	\$295	\$90	\$130
AMS STUDENT MEMBER	\$230	\$270	\$60	\$100
STUDENT NON-MEMBER	\$260	\$300	\$90	\$130