

University of Florida
2009 PMCB Annual Workshop
Registration Form

May 8 and 9, 2009

Name: _____

Department: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Registration

PMCB Students: FREE
PMCB Faculty: \$30.00
All other UF and Non-UF Attendees: \$30.00
Guests/Non-Attendees: \$20.00
(kids 12 and under are free)

Please pay with cash or check

Make all checks payable to "Cash"

Registration fee covers Friday night dinner and breaks.

Total number of attendees _____ x \$30.00
(if paying for more than one person with a single check, please include a list of names)

Total number of guests _____ x \$20.00

Total amount enclosed \$ _____

Vegetarian (please circle one): YES NO

Mail this form with payment to:

PMCB Program
Attn: **Eliana Kampf**
1141 Fifiel Hall
PO Box 110690
Gainesville, FL 32611-0690
(352) 392-8285

Registration Deadline April 17

For more information visit www.pmcg.ifas.edu/workshop
or contact Eliana at elianak@ufl.edu