

*Jackson State University*  
*13th International Symposium on Recent Advances in Environmental Health Research*  
*September 11-14, 2016*  
*Jackson Marriott Hotel, Jackson, Mississippi*

## REGISTRATION FORM

### Personal Information

Title (Ms., Mr., Dr.)

First Name  Middle Initial  Last Name

Organization/Company

Department/Unit

Primary Role (Check One)  Administrator  Exhibitor  Faculty  Staff  
 Undergraduate Student  M.S. Candidate (Graduate Student)  
 Ph.D. Candidate (Graduate Student)  High School Student

Mailing Address

City  State  Zip Code

Country

Telephone Number  Fax Number

Cellular Number (Optional)

E-mail Address

Alternate E-mail Address

Name as you would like it to appear on your badge

Did you submit an abstract for oral or poster presentation?  Yes  No

If you responded yes to previous question, please provide the title of your abstract and the abstract category.

# SYMPOSIUM FEES

## Registration Cost\*

	Before September 11		On-Site		Total Due
General Registration	\$500	<input type="radio"/>	\$550	<input type="radio"/>	<input type="text"/>
Students	\$200	<input type="radio"/>	\$225	<input type="radio"/>	<input type="text"/>
One Day Attendance	\$175	<input type="radio"/>	\$200	<input type="radio"/>	<input type="text"/>
Guest/Spouse	\$100	<input type="radio"/>	\$125	<input type="radio"/>	<input type="text"/>

\*Registration fees include all meal functions and symposium materials.

Grand Total

If you selected one day attendance, please specify the date you will attend.

Name of spouse/guest as it will appear on badge

Do you have any dietary restrictions? If yes, please describe.

## Payment Information

Payment must be made in **U.S. Dollars** and made by check, purchase order, money order or credit card.

Accepted Credit Cards - MasterCard, Visa, American Express and Discover

Please remit payment to: Jackson State University, Attention: Ms. Inez K. Johnson, International Symposia, JSU Box 17131, Jackson, MS 39217-0131.

Wire transfers are not accepted.

**Do not include hotel payments in your registration payment.**

Cancellation with refund (less 15% administrative fee) is available until September 9, 2016.

Substitutions may be made at any time by notifying us by phone (601) 979-2095 (voice), (601)979-1626 (fax) or email - [inez.k.johnson@jsums.edu](mailto:inez.k.johnson@jsums.edu)

Method of Payment (Select One)  Check/Money Order  Purchase Order  Credit Card  JSU Requisition

## Credit Card Payment

Card Type  MasterCard  Visa  Discover  American Express

Card Holder Name

Card Number

Expiration Date

CVV Number

Card Holder Signature \_\_\_\_\_

Please print this form and return with your payment to the address listed below. If you are paying by credit card, please don't forget to sign your form.

Jackson State University  
International Symposium  
Attention: Inez K. Johnson  
JSU Box 17131  
Jackson, Mississippi 39217-0131

### For JSU Departments/Programs Only

JSU Departments and Programs should transfer funds via paper requisition to:  
Vendor: CSET/Special Initiatives  
JSU Box 17131, Jackson, MS 39217  
Fund: 114020  
Organization: 240000  
Program: 10  
Index: 417441