

# Keystone Symposia Registration Form

Send form to: Keystone Symposia, 160 U.S. Highway 6, Suite 200 PO Box 1630, Silverthorne, CO 80498; Fax: 970-262-1525; Phone: 970-262-1230

## STEP 1: PLEASE PRINT OR TYPE ATTENDEE INFORMATION

Last Name / Surname			First Name			Middle Initial		
Department				Institute				
Address								
City			State or Province			Zip or Postal Code		Country
Phone			Fax			Email		
<b>Occupation</b> (check one): <input type="checkbox"/> Professor <input type="checkbox"/> Assoc. Professor <input type="checkbox"/> Asst. Professor <input type="checkbox"/> Postdoc <input type="checkbox"/> Student (Non-Postdoc) <input type="checkbox"/> Physician/Physician Scientist <input type="checkbox"/> Editor/Journalist <input type="checkbox"/> Other Academic / Government <input type="checkbox"/> Industry / Biotech Scientist <input type="checkbox"/> Administrator								
<b>Ethnicity:</b> <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American or Latin American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Prefer not to respond								
<b>Degree(s):</b> <input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> D.V.M. <input type="checkbox"/> M.S. <input type="checkbox"/> B.S.			<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male					
<b>Institute Type:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Non-profit				<div style="border: 1px solid black; padding: 5px;">Keystone Symposia is committed to creating opportunities for all promising scientists. Your responses to these questions will help us strengthen grant applications that support scholarships, travel awards and participation of all up-and-coming scientists, but particularly, ones from underrepresented populations.</div>				
<b>Citizenship:</b> <input type="checkbox"/> United States Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Non-US Citizen								
<b>Year of Birth:</b> _____								

## STEP 2: INDICATE THE MEETING YOU PLAN TO ATTEND BELOW

**MEETING DATE:** \_\_\_\_\_

**MEETING TITLE:** \_\_\_\_\_

**MEETING REG FEE:** \_\_\_\_\_

## STEP 3: ABSTRACT INFORMATION

DO NOT USE THIS FORM IF SUBMITTING AN ABSTRACT. USE OUR WEBSITE [www.keystonesymposia.org](http://www.keystonesymposia.org) TO SUBMIT AN ABSTRACT.

To ensure attendance, register early. Meetings can fill before the deadlines.

## STEP 4: PAYMENT

- Visa  American Express  Master Card  Discover  JCB
- Check/Money Order (CHECKS MUST BE DRAWN ON A US BANK, PAYABLE TO KEYSTONE SYMPOSIA.)

NAME AS IT APPEARS ON CARD (PLEASE PRINT)		CREDIT CARD NUMBER		SECURITY CODE	EXP DATE (MM/YYYY)
CARDHOLDER SIGNATURE		CREDIT CARD BILLING ADDRESS (ADDRESS, CITY, STATE, ZIP/POSTAL CODE, COUNTRY)			
EMAIL ADDRESS					

## STEP 5: STUDENT VERIFICATION MANDATORY FOR STUDENT RATES. IF NOT COMPLETED, NON STUDENT RATE WILL BE CHARGED.

Mentor Name: \_\_\_\_\_ Mentor Phone Number: \_\_\_\_\_

Students enrolled in an undergraduate, M.S., Ph.D. or M.D. program are eligible for the Student Discount rate. When you sign up for a meeting, you must provide your mentor's name and phone number to receive the discount.

**Cancellation and Abstract Withdrawal Policy**  
visit our website for information at  
<https://www.keystonesymposia.org/cancel>

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## STEP 6: PLEASE COMPLETE THE CONSENT AND LIABILITY WAIVER

### CONSENT AND LIABILITY WAIVER

I agree that I am undertaking participation in Keystone Symposia events as my own free and intentional act. Once registered, I agree not to allow any other individual to participate in my place. Travel, Visas, Health. I understand that it is my responsibility to be aware of any travel restrictions, visa requirements or health issues that may affect my participation and affirm that, knowing these, I am able to participate in Keystone Symposia events. Release of Liability. I affirm that, while participating in Keystone Symposia events, I am responsible for my own well-being. I am aware there is a risk that I may experience possible serious personal injury or illness, economic loss, or property damage as a result of my participation in these events, such as from defects in facilities, equipment, or food, adverse weather, or accidents while traveling. In exchange for the privilege of participating, I assume all such risks arising out of my participation, and I also release, agree to indemnify, and hold harmless, Keystone Symposia, and its employees, directors, agents, successors and assigns from all claims and lawsuits arising out of such injury, illness, or damage. Photos and Recording. Keystone Symposia may photograph, record or film the interactions at its meetings and reproduce the resulting content in educational, news or promotional material, whether in print, electronic or other media, including the Keystone Symposia website and social media. By participating in a meeting, I grant and assign to Keystone Symposia the right to use this content for such purposes. All content so used becomes the property of Keystone Symposia. Keystone Symposia may hold workshops that are recorded and made available to the general public. In these cases, announcements will be made at the event. Speakers will have the ability to opt out of such workshops if they desire. Terms of Use and Policies and Procedures. I have read, understand, and consent to Keystone Symposia's Terms of Use and Policies, at ([https://www.keystonesymposia.org/KS/Online/Common/Terms\\_of\\_Use.aspx](https://www.keystonesymposia.org/KS/Online/Common/Terms_of_Use.aspx)) and ([https://www.keystonesymposia.org/KS/Online/About/Policies/Online/About\\_Us/Policies.aspx](https://www.keystonesymposia.org/KS/Online/About/Policies/Online/About_Us/Policies.aspx)), and will comply with all such requirements. I affirm that I have read, understand and agree with all the above statements.

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### DISABILITY INFORMATION

If you have a disability, please enter a description so that we can provide accessibility information regarding special services and reasonable accommodations. If you prefer, you can also contact Attendee Services at +1 970-262-1230 or by email at [info@keystonesymposia.org](mailto:info@keystonesymposia.org) with your specific disability information. If you have dietary restrictions, please contact Attendee Services.

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