DEADLINE FOR RECEIPT OF ADVANCE REGISTRATION IS SEPTEMBER 29, 2007

Southeast Regional Meeting
Greenville, SC
October 24-27, 2007
www.SERMACS2007.org

❑ Dr. ❑ Mr. ❑ Ms. ❑ Mrs. ❑ 1. Academe ❑ 2. Industry ❑ 3. Government ❑ 4. Student ❑ 5. Other

First Name _____ Last Name _____

Company/University _____ Local section _____

Street address _____

City _____ State _____ Zip _____

Phone (office) ( ) _____ Fax ( ) _____ **I do NOT wish to have my name on a list provided to exhibitors.** ❑

E-mail _____

Please contact the Office of Regional Meetings at (202) 872 – 6129 if you require special accessibility accommodations to fully participate.

ADVANCE REGISTRATION FEES

	Advance	Onsite
❑ 01. ACS member	$125	$175
❑ 02. Nonmember	$175	$225
❑ 03. Graduate Students	$55	$70
❑ 04. Undergraduate Students	$35	$50
❑ 05. Precollege Teacher	$25	$45
❑ 06. High School Student	$15	$25
❑ 07. Postdoctoral Fellow	$70	$100
❑ 08. Retired/Emeritus/Unemployed	$40	$50
❑ 09. Guest	$30	$40
❑ 10. 50 Year ACS Member	No Charge	No Charge
❑ 11. Golf Special, Member*	$110	N/A
❑ 12. Golf Special, Non-Member*	$130	N/A

* The Golf Special rate includes participation in the Charity Golf Tournament as well as admission to the opening plenary address by Dr. Richard Zare and admission to the opening reception Wednesday evening. If you choose this option, do NOT sign up for the tournament again at the right.

** Most ticketed events have limited seating. These will be allotted on a first come-first serve basis. Some events also have a minimum number. See the website for details.
# Includes special student luncheon
Continuing Education Units (CEU) may be available.

TICKETED EVENTS**

Special Events, Receptions, Luncheons, and Tours:		
❑ 1. Western Carolinas Section Reception	Thursday, 10/25, 6:30 PM	**No Charge**
❑ 2. District Directors breakfast	Friday, 10/26, 7:00 AM	**No Charge**
❑ 3. REU/HBCU/LSAMP Forum	Saturday, 10/27, 10:00 AM	**No Charge**
❑ 4. Golf Tournament	Wednesday, 10/24, 9:00 AM	**$95.00**
❑ 5. Awards Luncheon	Friday, 10/26, 12:00 PM	**$30.00**
❑ 6. Women Chemists Luncheon	Thursday, 10/25, 12:00 PM	**$30.00**
❑ 7. Greenville History Tour	Thursday, 10/25, 2-4 PM	**$12.00**
❑ 8. ICAR Tour	Thursday, 10/25, 12:30-3:30 PM	**$15.00**
❑ 9. Milliken Tour	Friday, 10/26, 9 AM–1 PM	**$15.00**
❑ 10. Oxygen Performance	Friday, 10/26, 8:00 PM	**$10.00**
❑ 11. Oxygen Performance (Students only)#	Saturday, 10/27, 2:00 PM	**$10.00**
Workshops:		
❑ 1. Effective Laboratory Safety Programs	Saturday, 10/27, 8:30 AM–4 PM	**$325.00**
❑ 2. Laboratory Waste Management	Weds, 10/24, 1:00 – 4:30 PM	**$199.00**
❑ 3. Effective Chemical Hygiene Officer	Thursday, 10/25, 8:30 AM–4 PM	**$325.00**
❑ 4. ACS workshop "Involving Volunteers"	Friday, 10/26, 1:00 PM	**No Charge**
❑ 5. Ethical Decision Making in the Classroom##	Saturday, 10/27, 9:00 AM	**No Charge**
❑ 6. ACS Chemistry Teaching Resources##	Saturday, 10/27, 9:00 AM	**No Charge**
❑ 7. Chemistry Teaching Software##	Saturday, 10/27, 9:00 AM	**No Charge**
❑ 8. ACS Chemistry for AP Courses##	Saturday, 10/27, 9:00 AM	**No Charge**
❑ 9. Chemistry in Context##	Saturday, 10/27, 1:00 PM	**No Charge**
❑ 10. DNA Fingerprinting##	Saturday, 10/27, 1:00 PM	**No Charge**
❑ 11. Forensic Chemistry##	Saturday, 10/27, 1:00 PM	**No Charge**
❑ 12. Capturing Attention in the Classroom##	Saturday, 10/27, 1:00 PM	**No Charge**

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

- ***ALL REGISTRATIONS MUST BE PREPAID BY EITHER CHECK OR CREDIT CARD IN ORDER TO BE PROCESSED***.
- MAIL OR FAX COMPLETED FORM TO AMERICAN CHEMICAL SOCIETY, OFFICE OF SOCIETY SERVICES, 1155--16TH STREET, N.W., WASHINGTON, DC 20036. PHONE: (800) 227-5558; FAX: (202) 872-6067.
- PLEASE SUBMIT A SEPARATE REGISTRATION FORM FOR EACH REGISTRANT.
- REQUEST FOR REFUND MUST BE SUBMITTED IN WRITING TO EVANGELOS KOUTALAS, AMERICAN CHEMICAL SOCIETY, OFFICE OF REGIONAL MEETINGS, 1155--16TH STREET, N.W., WASHINGTON, DC 20036. FULL REFUND THROUGH **9/29/2007**. FROM **9/29/2007 TO 10/23/2007**, A $20 PROCESSING FEE WILL BE CHARGED. NO REFUNDS AFTER **10/24/2007**.

TOTAL FEES: Registration $ _____

Special Events $ _____

TOTAL AMOUNT ENCLOSED $ _____

Paid by: ❑ American Express ❑ MasterCard ❑ Visa ❑ Check

_____ EXP. DATE _____

Cardholder Name (please print):_____

Signature: