

Registration form – IAL 6 and ABLs joint meeting 13-19 July, 2008
(please send one form per person)

Name _____

Address _____

_____ Country _____

E-mail Address _____ Telephone _____

Registration Price (US \$)

Accompanying member (*any time*) \$70.00 US..... _____

Regular fee (*1 April to 30 June, 2008*) \$280.00 US..... _____

Student fee (*1 April to 30 June, 2008*) \$180.00 US..... _____

One day attendance registration fee \$70.00 US..... _____

Banquet fee for attendance on July 16 \$45.00 US..... _____

~~**New Field trip:** (Portland, Oregon & N. CA (7/6-7/13) to Asilomar with Daphne Stone (\$500.). **Closed – full**~~ _____

~~**New Field trip:** One day (7/13) out of Asilomar with Linda Geiser (\$40.) **Closed – full**~~ _____

Additional items (you carry from the meeting – *available to 31 May*) Number Price
(pre-purchase only - we are not allowed to sell at the meeting itself)

ABLS t-shirts (\$18./shirt, S, M, L, XL; green, blue or tan) _____
 (all cotton, *circle size and color*. See at abls.org and click Events)

ABLS baseball caps (one size fits all; blue or tan) _____
 (*circle color*; see <https://mywebspace.wisc.edu/jpbennet/web/abls/tshirtsandhats.html>)

NW Lichenologists t-shirt \$20./shirt, XS, S, M, L, XL,XXXL _____
 (men's sizes, black or iris blue background, all cotton, *circle size*)
 (see at <http://home.comcast.net/~nwlichens/tshirtgirls7.htm>)

NW Lichenologists hat (\$18/hat – one size fits all) _____
 (see at <http://home.comcast.net/~nwlichens/blackhat.htm>)

Nash *et al.* Sonoran Lichen Flora Vol. III (\$45.00/copy) _____
 575 pages + 56 page insert with 224 color photos (<http://nhc.asu.edu/lichens/>)

Nash *et al.* Sonoran Lichen Flora all 3 volumes (\$100./set) _____

McCune, B. and R. Rosentreter. 2007. Biotic Soil Crust Lichens _____
 of the Columbia Basin. Monographs in North American Lichenol-
 ogy 1: 1-105. Paperback. \$30. Fully illustrated in color.
 (see at <http://home.comcast.net/~nwlichens/monographs.htm>)

Total _____

___ Visa ___ Master Card Card Number : _____

Name on card _____ Expiration _____

Date [mm/yy]

Send to: Dr. Robert S. Egan, Treasurer, Dept. of Biology, University of Nebraska at Omaha, Omaha, NE 68182-0040, USA (regan@mail.unomaha.edu) or to **FAX** 402-554-3532. If you prefer, you may send the credit card information in two separate emails.