2023 ASOR ANNUAL MEETING
REGISTRATION
Virtual/Online Component:
WEDNESDAY-SATURDAY | OCTOBER 18-21
Chicago, Illinois/In-Person Component:
WEDNESDAY-SATURDAY | NOVEMBER 15-18
Register online by following the links at www.asor.org/am

Please check this box if you are attending the Annual Meeting for the first time.

Last Name ____________________________________________ First Name __________________________

Institution (for name badge) ________________________________________________________________

Mailing Address ________________________________________________________________

City __________________________ State _______ Postal Code ____________ Country __________

Home Tel. ____________ Work Tel. ____________ Fax No. ____________ Email ______________________

REGISTRATION FEE [circle appropriate dollar amount; scholarships available]:

ASOR membership must be current to receive member pricing or a scholarship. With the exception of “Virtual Only” registration, rates include both the in-person and virtual components.

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>SUPER SAVER</th>
<th>ADVANCE</th>
<th>VIRTUAL ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Member</td>
<td>$120</td>
<td>$170</td>
<td>$210</td>
<td>$120</td>
</tr>
<tr>
<td>Early Career Member</td>
<td>$170</td>
<td>$220</td>
<td>$270</td>
<td>$170</td>
</tr>
<tr>
<td>Member</td>
<td>$220</td>
<td>$270</td>
<td>$320</td>
<td>$220</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$260</td>
<td>$310</td>
<td>$350</td>
<td>$260</td>
</tr>
</tbody>
</table>

Scholarships: Thanks to ASOR’s generous members, any current member with a need may request a 25%, 50% or full scholarship for annual meeting registration and/or membership renewals. E-mail programs@asor.org with requests.

Please check this box if you are presenting a paper.

Notes: Paper and poster presenters must be registered as a professional, early career, retired or student member.

PAYMENT: Please call if paying with a credit card - do not send credit card information by email.

Please bill my [ ] MC [ ] Visa [ ] Discover [ ] AmEx for $________

Card Number ____________________________________________________________

CVV code ______ Expiration Date ________/_______

Zip Code of Billing Address ____________

Name of Card Holder ________________________________

Signature ____________________________________________

My check is enclosed in the amount of $______

Contribution to Support Registration Scholarships: [ ] $500 [ ] $250 [ ] $100 [ ] $50 Other $