

SEPTEMBER 18-21, 2006

WESTIN HOTEL

SEATTLE, WASHINGTON USA



Third International Symposium on
**STOCK ENHANCEMENT
& SEA RANCHING**

ONLINE <http://www.searanching.org>

FAX (206) 443-9059

MAIL Sea Ranching Symposium
PO Box 130
Manchester, WA 98353

REGISTRATION FORM

| 1 Select Symposium Fees | Early Bird (until June 30, 2006) | Standard (June 30-September 10, 2006) | Late (after September 10, 2006) |
|-------------------------|-------------------------------------|--|------------------------------------|
| General | <input type="checkbox"/> \$525 | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$650 |
| Spouse/Partner | <input type="checkbox"/> \$315 | <input type="checkbox"/> \$355 | <input type="checkbox"/> \$390 |
| Student * | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$225 |

Conference registration includes access to all four days of the Symposium, the Sunday welcoming reception (no host bar), all poster sessions including the Tuesday evening Poster Session Opening Reception, daily lunches (4) and daily coffee/tea breaks, the Wednesday Aquarium celebration, and Thursday's Farewell party.

*Student registration will include all four days of the Symposium and all poster sessions, including the Tuesday evening Poster Session Opening Reception.

| 2 Additional Tickets | Cost per ticket | Number of tickets | TOTAL |
|--------------------------------|-----------------|-------------------|----------|
| Sunday Welcoming Reception | \$25 | _____ | \$ _____ |
| Wednesday Aquarium Celebration | \$100 | _____ | \$ _____ |
| Thursday Farewell Party | \$50 | _____ | \$ _____ |

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3 Total Fees

Symposium Fees \$ _____ USD

Additional Tickets \$ _____ USD

TOTAL COST \$ _____ USD

4 Method of Payment

Visa Cardholder's Name _____

MasterCard Cardholder's Signature _____

Account Number _____

Expiration Date (mm/yy) _____ Card Code _____

Check Please make check payable to Sea Ranching Symposium (all funds in US Dollars)

5 Your Personal Information

Mr. Ms. Mrs. Dr.

First Name _____ Last Name _____

Job Title/Position _____ Organization/Company _____

Billing Address _____

City _____ Province/State _____ Postal Code/Zip _____ Country _____

Email Address (required) _____

Phone _____ Fax _____

Special requirements/Other _____

ALL FUNDS ARE IN US DOLLARS

PLEASE VISIT WWW.SEARANCHING.ORG FOR THE TRANSFER/CANCELLATION POLICY.