

**CBERD: Center for Bioenergy Research and Development**

## **Industrial Advisory Board Meeting Registration**

**What:** 2010 Spring CBERD Industry/University Meeting  
**When:** April 23, 2010 (Friday immediately following the 32  
Symposium on Biotechnology for Fuels and Chemicals)  
**Where:** Holiday Inn Hotel and Suites  
5521 South Gulfview Blvd  
Clearwater Beach, Florida 33767

There will be a registration fee of \$100 per person (\$25 students). This registration fee covers continental breakfast, lunch, and room rental/equipment fees for the Friday event.

**Please register before the meeting so we can have an accurate headcount  
for meals, etc.**

You may register by either of THREE methods:

- 1.** Telephone your credit card information to Linda Embrock at 605-394-2421 or to Duane Abata at 605-394-5264, -OR-
- 2.** Print the registration form below, complete it with credit card information and email or fax it back to linda.embrock@sdsmt.edu, telefax phone 605-394-1232 –OR-
- 3.** Complete the registration form and send a check made payable to CBERD – SDSMT Foundation, mailing address: Linda Embrock, Dept of Chemical Engineering, 501 E. St. Joseph Street, Rapid City, South Dakota 57701.

You will receive a receipt for your registration after processing.

Please note that **credit cards will not be accepted** at the conference site.

**F Note: If you have any dietary considerations, please indicate on the registration form below or communicate your needs to Linda Embrock.**

Thank you for prompt payment.

**CBERD: Center for Bioenergy Research and  
Development, 2010 Spring IAB Meeting**

**Registration Form**

April 23, 2010 Meeting  
Clearwater Beach, Florida

Name (as it appears on credit card)

\_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Special Dietary Requests (vegetarian, etc.) \_\_\_\_\_

Registration Fee Payment, \$100 all participants, \$25 students

\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover (check one)

Card Number: \_\_\_\_\_ Verification # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you choose to register by use of this form rather than telephoning this information directly, fax or email this form to Linda Embrock (Linda.embrock@sdsmt.edu),  
telefax phone  
605-394-1232.

**Credit cards will not be accepted at the conference site.**