

Registration

for
89th Annual Meeting
The Ohio Academy of Science

The University of Toledo
and
Medical College of Ohio
Toledo, Ohio
April 18-19-20, 1980

Meal Reservations and Payment Must Be Received
by April 16

Make checks payable to The University of Toledo and
mail to The Division of Continuing Education
The University of Toledo
Toledo, OH 43606
(419) 537-2031

Name _____
Last First Initial

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Academy member? yes no

Faculty Student Other

Field of Interest _____

Employer or School _____

Registration Fee \$6 (Student \$2) No. _____ @ \$ _____ \$ _____

Luncheon - Sat., April 19 No. _____ @ \$4.50 _____

Banquet - Sat., April 19 No. _____ @ \$8.00 _____

Geology Field Trip Box Lunch, Sun., April 20, No. _____ @ \$3.50 _____

Botany Field Trip Box Lunch, Sun., April 20, No. _____ @ \$3.50 _____

Total Enclosed \$ _____

