

REGISTRATION FORM - TG 2005

Only one participant, post-doctoral fellow or student/nurse per form

On-Line Registration is available at:
<http://www.lorenzinifoundation.org/tg2005.html>

Please use the Symposium On-line Registration Service or mail or fax this form to the Giovanni Lorenzini Medical Foundation at (+1) 713.796.8853

Family (Last) Name _____

Given (First) Name _____

Company/Institution _____

Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Telephone _____ Fax _____

(Please include Country Code and City/Area Code for phone and fax)

Email _____

Symposium Fees (in US Dollars):

	Early Registration by April 8, 2005	Late Registration from April 9 to June 30, 2005	Registration from July 1 and On-site	No. of Persons	Total Fee:
Participant	US \$490	US \$550	US \$610	<u> 1 </u>	\$ _____
Post-Doc Fellow*	US \$300	US \$400	US \$500	<u> 1 </u>	\$ _____
Student/Nurse*	US \$150	US \$180	US \$210	<u> 1 </u>	\$ _____
TOTAL DUE:					\$ _____

*Post-Doctoral Fellow and Student/Nurse registration rates will be granted only to those who document their position by including an official statement from the head of their Department or Institution with the completed registration form. Nurses may provide a copy of their nursing license.

Please continue form on page 22



