

7th BCI2000 Workshop
May 29 – May 31, 2010
Asilomar Conference Center * Monterey, California
Workshop Registration Form



Full Name: _____ First Name for Badge: _____

Organization: _____

Mailing Address: _____

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

Telephone: (____) _____ Fax: (____) _____

Email: _____

CONFERENCE FEE

- | | | |
|---|--------------------------|-------|
| Early Bird Registration (Received on or before February 28, 2010) | <input type="checkbox"/> | \$150 |
| Registration received between March 1 – March 26, 2010 | <input type="checkbox"/> | \$175 |
| Late Registration (Received on or after March 27, 2010) | <input type="checkbox"/> | \$200 |

REGISTRATION DEADLINE AND CANCELLATION POLICY

- Changes or substitutes are acceptable.
- Cancellations up to Friday, March 26, 2010 will receive a full refund.
- After March 27, no refunds will be given.
- Contact sglinos@wadsworth.org with changes and/or cancellations.

TWO WAYS TO REGISTER

- By mail: Send completed registration form with payment to:
BCI 2000 Registrations
Wadsworth Center, Room C-522
NYS Department of Health
ESP, P.O. Box 509
Albany, New York 12201-0509
- By fax: 518-486-4910 completed registration form with credit card information.

PAYMENT METHOD

- Check or Money Order payable to *Health Research Inc.*
- Credit Card: _____ MasterCard _____ VISA

(3 digit code on reverse) _____ Exp. Date ____/____/____

Card Number _____

Cardholder's Name _____

Signature _____

QUESTIONS: 518-408-1564 or sglinos@wadsworth.org