

2012 Combined Annual Meeting of CSCR and MWAfMR

Registration Form

Combined Annual Meeting of CSCR and MWAfMR

April 26-27, 2012 • Chicago Marriott Downtown • Chicago, IL

**Please note, registration is not included with the online submission for abstracts. To register for the meeting, please mail or fax this form to CSCR, 555 E. Wells St., Suite 1100, Milwaukee, WI 53202; fax: (414) 276-3349.*

Name _____ Degree(s) _____

Institution _____ Department _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

I am a member of: CSCR MWAMFR Non-member ASCI AAP APSA (Check all that apply)

I am a non-member of AFMR and would like a complimentary copy of the AFMR Journal which includes the Final Program and copies of all abstracts for this meeting.

Pre-registration and Payment

Please pre-register me for the 2012 Combined Annual Meeting

I am a student or trainee. Please pre-register me for the meeting at no charge.

I would like to attend the Career Development Workshop.

I will attend the Max Miller Lecture in Diabetes Research (Sugar Club).

I will attend The Role of Inflammation in Disease.

Enclosed is my check for \$25.00 made payable to CSCR (Central Society for Clinical Research).

Please charge \$25.00 to my VISA or MasterCard (circle one).

Credit Card Number _____ Expiration Date _____

Name of Card Holder (please print) _____

Signature _____

Mail or fax this form to:

Central Society for Clinical Research
555 E. Wells Street
Suite 1100
Milwaukee, WI 53202
Fax: (414) 276-3349
www.cscr.com

On-line registration is available on the CSCR web site at www.cscr.com