

ICB&DD Symposium

Frontiers in Chemical Biology and Drug Discovery

October 12, 2007

REGISTRATION FORM

Personal Information:

First: _____ Last: _____

Title: ___Prof. ___Dr. ___Mr. ___Ms.

Affiliation: _____

Mailing Address:

Street: _____

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

Day Phone: _____ Fax: _____

Email: _____

The admission to the Symposium is free of charge. However, only 100 seats are available for off-campus attendees. Thus, the registration will be closed when it reaches 100. Please send your Registration Form either by e-mail file attachment or fax to Ms. Roxanne Brockner, Assistant to the Director, ICB&DD (see below) by Wednesday, October 3 (Registration may be closed earlier as soon as 100 registrations have been received).

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