

REGISTRATION FORM PREBIC 2010

Name: _____

Affiliation: _____

Department: _____

Address: _____

Country: _____

Telephone # (work) _____

Telephone # (cell) _____

Fax # _____

E mail address _____

Arrival date & time: _____

Departure date & time: _____

Working group preference

Choice # 1 _____

Choice # 2 _____

Choice # 3 _____

PREBIC registration will close on March 15th 2010.

Registration fee \$ 150.00 (Sorry, we can not accept a registration form without payment)

Payment option (Please circle one)

Check Money order Electronic transfer

Those who would like to electronically transfer registration fee, please contact us for details. Please do not send cash.

→ Please email registration materials to cayceperinatalresearch@hotmail.com
or fax to Attn: Ramkumar Menon - PREBIC 2010 - 1 615 342 6541