

**SWINE IN BIOMEDICAL RESEARCH
REGISTRATION FORM**

November 14-16, 2011

Name: _____

Title/Degrees: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Registration Fee: Attendees will not be considered to have a confirmed reservation until payment is received by our office. **Refunds cannot be given <30 days before the scheduled course begins.** Persons who have to cancel will be given the opportunity to send a substitute from their organization up until the day of the conference. Persons requesting cancellation >30 days can be registered in a future course or receive a full refund. *MUSC Foundation for Research Development Tax ID #57-1031624.* Send a check for \$1,200 (See below for Master Class fee) payable to the **MUSC Foundation for Research Development #10071** to:

Russell Cox
CompMed/MUSC
MSC 777
114 Doughty St/Rm. 648
Charleston, S.C. 29425-7770

Phone: 843. 876. 5212
Fax: 843. 876. 5210
Email: coxrd@musc.edu

Optional Master Class (Wednesday Morning Lab): **Additional \$500.** Circle - Yes No
Credit Card: Please charge my credit card (circle one)

(MasterCard or Visa only) _____ (Number)
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Signature: _____ Date: _____