



On Site Registration Form



Each attendee must complete a form. Forms may be duplicated. Please complete this form, sign where indicated, and fax or mail to the address below.

Name _____ Degree/Credentials _____

Organization _____

Address _____

City/State/Zip _____ Country _____

Phone _____ FAX _____ E-Mail _____

CBBS Member Number*
(if applicable)

Professional Category (for CEUs)			
<input type="checkbox"/> MD/PhD	<input type="checkbox"/> MT/CLS	<input type="checkbox"/> RN	<input type="checkbox"/> Other _____
License # _____		State # _____	

On Site Registration Fees:		Full Symposium	Single Day Day <input type="checkbox"/> May 19 <input type="checkbox"/> May 20	*CBBS Registration Fees	
				Full Symposium	Single Day <input type="checkbox"/> May 19 <input type="checkbox"/> May 20
<input type="checkbox"/>	MD, PhD or non-US equivalent	\$330	\$205	\$280	\$180
<input type="checkbox"/>	Non-MD or PhD	\$280	\$180	\$230	\$155
<input type="checkbox"/>	Speaker	NO CHARGE			

***Registration Fees for CBBS members: To register as a CBBS Member, your INDIVIDUAL CBBS Membership Dues must be current for 2006.**

◆ All registrations include breakfast and lunch May 19 & 20.

Payment Information: (please note that all payments must be made in U.S. Dollars)

Visa MasterCard AmEx Discover Check/Money Order

Credit Card Number _____ Exp Date _____ CVV: _____

Name on Card _____ Signature _____

Please make checks payable to **Cord Blood Symposium**. Amount enclosed or to be charged: _____ USD

Lodging: Make hotel reservations by calling Hilton Los Angeles Airport at 800-HILTONS or the hotel directly at 310.410.4000 or online on the symposium website <http://www.cordbloodsymposium.org/hotel.html>.

Please DO NOT mail, email, or FAX this registration form. All registrations must now be performed ONSITE. To expedite onsite registration, please download, print, and complete this form in advance, and bring with you to present at the registration desk.

I give my permission to release my name and address as a participant to any exhibitor requesting this information

YES NO (circle one) Signature: _____

◆ A registrant shall receive a refund of their registration fee minus a \$30 administrative fee in the event a written notice is received of cancellation.