



On-Site Registration Form



Each attendee must complete a form. Forms may be duplicated. Please complete this form and sign where indicated. **DO NOT** mail, FAX or email this form to the Cord Blood Symposium. It must be presented **ONSITE**.

Name _____ Degree/Credentials _____

Organization _____

Street 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 _____	

Onsite Registration Fees:		Full Symposium	Single Day	*CBBS Member Registration Fees (membership must be current for 2007)	
			<input type="checkbox"/> May 11 <input type="checkbox"/> May 12	Full Symposium	Single Day
<input type="checkbox"/>	MD, PhD or non-US equivalent	\$380	\$255	\$330	\$230
<input type="checkbox"/>	Non-MD or PhD	\$330	\$230	\$280	\$205
<input type="checkbox"/>	Speaker/Moderator	NO CHARGE			
<input type="checkbox"/>	Invited Guest	NO CHARGE			
<input type="checkbox"/>	Exhibiting Staff	(prepaid by company)			

◆ All registrations include breakfast and lunch May 11 & 12.

Payment Information: (**please note that checks must be payable in U.S. Dollars)

Visa MasterCard AmEx Discover Check/Money Order

*Credit Card Number _____ *Exp Date _____ *Security Code: _____

*Name on Card _____ *Signature _____

*COMPLETE Billing Address for Card _____

Please make checks payable to **Cord Blood Symposium**.

** Amount enclosed or to be charged: \$ _____ USD

** Checks must be payable in US Dollars

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

YES NO (circle one) Signature: _____