

# REGISTRATION FORM

12<sup>th</sup> Annual Rachmiel Levine Symposium ♦ February 15-18, 2012 ♦ Pasadena, California ♦ [www.levinesymposium.com](http://www.levinesymposium.com)

TWO WAYS TO SUBMIT A REGISTRATION FORM	
<b>BY MAIL</b>	Mail your completed form with check or money order to: Levine Symposium, Attn: Karen Ramos, 1500 East Duarte Road, Duarte, CA, 91010.
<b>BY FAX</b>	Send your completed form with credit card payment to (626) 301-8489.

REGISTRATION FEES			
	On/Before 12/31/11	On/Before 01/31/12	On/After 02/01/12
Physician/Scientist/Industry Professional	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550	<input type="checkbox"/> \$575
Nurse/Trainee/Resident/Student (Must provide proof of status with registration)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Single Day	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300
For Single Day, indicate date(s) attending:			
<input type="checkbox"/> 02/15/12	<input type="checkbox"/> 02/16/12	<input type="checkbox"/> 02/17/12	<input type="checkbox"/> 02/18/12

ATTENDEE INFORMATION
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First Name	Last Name	Degree	
Organization			
Address			
City	State	Postal Code	Country
Email	Phone	Fax	
Emergency Contact Name		Emergency Contact Phone	

ATTENDEE DEMOGRAPHICS				
I consider myself primarily (check one)	<input type="checkbox"/> Clinician	<input type="checkbox"/> Educator	<input type="checkbox"/> Industry	<input type="checkbox"/> Scientist
Choose the specialty that best describes your area of practice (check one)	<input type="checkbox"/> Cell Biology	<input type="checkbox"/> Diabetology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Immunology
	<input type="checkbox"/> Islet Biology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Other:
Place of work (check one)	<input type="checkbox"/> Academic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industry	<input type="checkbox"/> Private Practice

PAYMENT INFORMATION
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<input type="checkbox"/> Yes, I will attend the Dinner Lecture on Wednesday, February 15, 2012 (no charge).	
<input type="checkbox"/> Yes, I will attend the Poster Session on Thursday, February 16, 2012 (no charge).	
<input type="checkbox"/> Yes, I have a Special Need (e.g. dietary). Indicate here or email <a href="mailto:levinesymposium@coh.org">levinesymposium@coh.org</a> :	
<input type="checkbox"/> Check or Money Order (Made payable to "City of Hope - Levine Symposium")	<b>Amount Enclosed:</b>
<input type="checkbox"/> Credit Card	<b>Amount To Charge:</b>
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	

Credit Card Number	Expiration Date		
Cardholder's Name (as it appears on card)	Address (as it appears on card)		
City	State	Postal Code	Country
Signature	Date		