

REGISTRATION FORM

The 3rd International Eosinophil Symposium—Eosinophil Rising 2003 June 25-29, 2003, Snowmass, Colorado

Please complete a separate form for each registrant. Return correspondence will be sent to you via E-mail, unless you request otherwise.

Check here if you prefer to receive correspondence via regular mail.

PARTICIPANT DATA— Name, professional affiliation, and business address/contact information requested below may be published in a participant directory for distribution at the conference. Accordingly, please avoid use of abbreviations that are not commonly recognized.

Last Name _____ First Name _____ Middle Initial _____

Preferred First Name for Name Badge (if other than above): _____

Institution/Organization _____

Department _____

Office Address (e.g. Building, Room #): _____

Street _____

City _____ State/Province _____ Country _____ Postal Code _____

E-mail _____

Additional Contact Information:

Phone _____ Fax _____

Check here if your preferred mailing address is a home address and provide mailing information below.

Street _____

City _____ State/Province, Country _____ Postal Code _____

Check here if guests (including family members) will accompany you to Snowmass and specify: # adult guests _____ ;
child guests _____ , child ages _____

Check here if special needs or dietary preferences are requested (please specify): _____

FEE SCHEDULE (U.S. DOLLARS)	Paid By May 15	Paid After May 15	Amount Due
Full Conference Registration: Weds–Sun (includes all symposium sessions, welcome reception, and one banquet ticket)			
<input type="checkbox"/> Regular	\$400	\$450	\$
<input type="checkbox"/> Reduced—postdoctoral trainee/student (official letter providing verification of status must be enclosed)	\$250	\$300	\$
<input type="checkbox"/> Friday Banquet—Additional/Guest Ticket (one ticket included with registration fee)	Number at \$50 each _____		\$
Selected Day(s) Registration (includes symposium sessions on individual days; banquet available at additional cost)			
<input type="checkbox"/> Thursday	\$150	\$175	\$
<input type="checkbox"/> Friday	\$150	\$175	\$
<input type="checkbox"/> Saturday	\$150	\$175	\$
<input type="checkbox"/> Sunday	\$150	\$175	\$
<input type="checkbox"/> Friday Banquet (not included with registration fee)	Number at \$50 each _____		\$
TOTAL AMOUNT PAID			\$

PAYMENT METHOD (All payments must be made in U.S. dollars)

Check or money order (payable to University of Illinois and drawn on a U.S. bank)

Credit Card: MasterCard Visa Expiration Date (month/year) _____

Card Number _____

Cardholder Signature _____

Mail or fax completed form with payment to: UIC Office of Conferences and Institutes (MC 117), 750 South Halsted Street, Suite 214, Chicago, IL 60607-7011. Fax: (312) 996-5227 (accepted with credit card payments only)

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For security reasons, please do not submit credit card information via E-mail or Internet at this time.