

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) [Back to EOS Home Page](#)

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