

# V Midwest Blood Group Meeting - Annual Meeting Registration Form

April 26-27, 2007 • Embassy Suites Hotel, Blue Ash, Cincinnati, OH

*Please type or print legibly – this information will be used to create your name badge.*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Yes, I will participate in the special session on Cell Therapies to be held on April 27<sup>th</sup> afternoon (*please, check if so*).

## **Payment Information**

Registration Fee: \$70.00

Please Indicate Form of Payment: (Please do not send cash.)

Check Enclosed                      Visa                      MasterCard                      American Express

## **Credit Card Payments**

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_  
(Please print)

Card Holder's Signature: \_\_\_\_\_

## **Check Payments**

Make Check Payable to Cincinnati Children's Hospital Medical Center

Mail or fax to:    Attn: Keisha Steward  
                         Cincinnati Children's Hospital Medical Center  
                         Division of Experimental Hematology  
                         Mail Location 7013, TCHRF 7566  
                         Cincinnati, OH 45229  
                         Fax: 513 636 3768

**Note: Please be sure to check our website for details regarding hotel accommodations.**