

# 4<sup>th</sup> Stem Cell Clonality & Genotoxicity Retreat



June 1-2, 2008  
The Harvard Club of Boston  
374 Commonwealth Avenue  
Boston, MA 02115

## Registration Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

### Registration Fees:

As the number of attendees that can be accommodated is limited, please submit registration forms and payment together before April 31, 2008.

Registration Fee: \$100.00 per person before April 31, 2008

Late Registration Fee: \$125.00 per person after deadline

Checks and money orders should be made payable to:

**Cincinnati Children's Hospital Medical Center**

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

Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send all registration forms to following address:

Cincinnati Children's Hospital Medical Center, Attn: Fannie Beasley, Division of Experimental Hematology, M.L.C. 7013, Cincinnati, OH 45529

Phone: 513-636-1333

Fax: 513-636-3768

