

4th Stem Cell Clonality & Genotoxicity Retreat



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

Complimentary Speaker Registration and Audiovisual Request Form

1. How would you like your information to appear in the participant list to be distributed to all attendees?

Name: _____

Professional Title: _____

Department: _____

Institution: _____

Address: _____

Address: _____

City, State/Province: _____

Postal/Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____

2. Please indicate a title for your presentation: _____

3. Tell us if you need any special audiovisual equipment for your presentation.

The General Sessions will be equipped with the following:

Data/LCD Projector (PC Laptop)
Remote control
Screen
Microphone(s)
Laser Pointer

- I do not require any additional equipment.
- For my presentation, I will also require: _____

4. Do you need assistance with your flight arrangements?

Desired routing:

Desired date of departure: _____ from which airport: _____

time/flight no: _____

Desired date of return: _____ from which airport: _____

time/flight no: _____

I am a member of an airline-bonus-program. Airline and membership no: _____

6. Do you need assistance with hotel accommodations?

(Note: If you are planning to attend the ASGT annual meeting, please make your reservations directly through their organization by logging on to <http://www.asgt.org/am08/> and select the link "Book Your Housing Here." Please be sure to include your hotel reservations to include the dates of our meeting. If you are not planning to attend ASGT and need assistance with your hotel reservations, please provide us with the following information.)

Arrival Date: _____ Departure Date: _____

Please circle one: King vs. Double Bed

Please circle one: Smoking vs. Non-Smoking Room

Type of Credit Card: VISA Mastercard Amex

Credit Card Number: _____

Expiration Date: _____

Card Holder Name: _____

(Please Print)

Card Holder Signature: _____ Date: _____

Please complete the above information and return by **FAX to 513-636-3768 or via email to Fannie.Beasley@cchmc.org by March 31, 2008.**

Thank you.