REGISTRATION APPLICATION
49TH ANNUAL PHARMACEUTICAL ANALYSIS CONFERENCE: TRANSFORMATION: ANALYTICAL CHEMISTRY IN THE 21ST CENTURY
July 27 – 31, 2009
Devil's Head Resort - Merrimac, WI

Name _____
First Last

Name of Company/Institution _____

Preferred Mailing Address

Street _____

City _____ State _____ Zip _____

Daytime Phone ( ) _____

Email address* _____

*An email address is required to receive confirmation materials. You will receive emails from UWECRegistration@pharmacy.wisc.edu. Please make sure your email filters do not block our messages. We do not sell or distribute your email address to other organizations or companies.

Registration Fee **$1,100.00** **Lodging & Meals** **$575.00** (single accommodations) **TOTAL AMOUNT** **$1,675.00** Payment received - 200.00 prior to July 6 **Early Registration** **$1,475.00**	NOTE: All accommodations at Devil's Head for conference registrants will be processed through Extension Services in Pharmacy. Fees are based on a single accommodation. Additional fees will be assessed for both lodging and meals in the event more than one person occupies a room. *In the event your registration is confirmed and at a later date you are unable to personally attend, a refund (minus a $50 USD administrative fee) will be provided prior to July 6th; after July 6th, no refunds will be made.*

Make checks payable to the **UNIVERSITY OF WISCONSIN**

*Credit card information (**only those listed are accepted**): [ ] MasterCard [ ] Visa [ ] American Express

Cardholder's Name _____

Card Number _____

Card ID Code _____(Enter the three or four digit code from your card)

Expiration Date _____

A confirmation email will be sent to your provided email address when we receive your registration.

Register via ONE of the following methods:

1. Online at http://ce.pharmacy.wisc.edu/courseinfo/2009AugustLOL
2. By phone at 608.262.3132 or toll free at 877.947.4255 with a credit card.
3. Fax the registration form to 608.262.2431 with credit card information.
4. Mail the registration form with a check or credit card information.

Mail or fax this form and payment to:

August LOL
Extension Services in Pharmacy
777 Highland Avenue
Madison, WI 53705

FAX (608) 262-2431

For general program information & all other questions, call 608/262-3132 or 608/262-3132.