

# REGISTRATION APPLICATION

## 51st Annual International Industrial Pharmaceutical Research & Development Conference June 1-5, 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.

<b>Registration Fee</b>	<b>\$1,100.00</b>	<b>NOTE:</b> 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.  <i>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 May 4th; after May 4th, no refunds will be made.</i>
<b>Lodging &amp; Meals</b> (single accommodations)	<b>\$575.00</b>	
<b>TOTAL AMOUNT</b>	<b>\$1,675.00</b>	
Payment received prior to May 4	<u>- 200.00</u>	
<b>Early Registration</b>	<b>\$1,475.00</b>	

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/2009JuneLOL>
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:

June LOL  
Extension Services in Pharmacy  
777 Highland Avenue  
Madison, WI 53705  
FAX (608) 262-2431

For general program information & all other questions, call 608/262-3130 or 608/262-3132.

