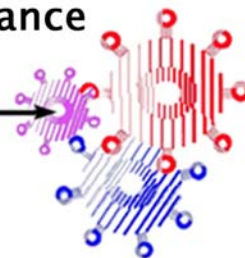





9th Annual Symposium on Antiviral Drug Resistance

Targets and Mechanisms

November 16-19, 2008 • Richmond, Virginia



FORM FOR PARTICIPATION SUPPORT AWARDEE'S COMPLIMENTARY REGISTRATION

Participant Information

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		
First Name:		Middle Initial:
Last Name:		
Affiliation:		
Address:		
Address:		
City:	State:	Zip Code:
Country (if not U.S.):		
Phone:	Fax:	
E-mail:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Name of Requested Roommate (if you have a preference):		

Registration Information

Double-Occupancy Registration \$400 (registration fee waived for participation support awardee)

Dietary Information

Vegetarian Diet? Yes No

Other Special Dietary Needs:

Please send this registration form to:

Informed Horizons, LLC
9th Annual Symposium on Antiviral Drug Resistance
1631 Phoenix Boulevard, Suite 4
College Park, GA 30349
Phone: 770-997-2484
Fax: 770-997-2488
Email: info@informedhorizons.com
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