

Nano Symposium 2008

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Please **PRINT IN INK OR TYPE** & include **COMPLETE AND LEGIBLE** information for the following:

Registration includes the following events. Please check the event(s) you plan to attend:

October 3, 2008

- Continental Breakfast (8:30 a.m.)
- Lunch (12:00 p.m.)

October 4, 2008

- Continental Breakfast (8:30 a.m.)
- Lunch (12:00 p.m.)
- Presentation of Awards (3:15 p.m.)

Prof. Dr. Mr. Ms. Mrs.

Last Name (Family Name): _____

First Name (Given Name): _____ Middle Initial: _____

Name as it should appear on Badge: _____

Company/Organization: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Email: _____

- I do NOT want my email address to appear on the participant list.

Registration Fees: Your payment, in full, must accompany this registration form. Please mail registration form and check to address: Sullivan University College of Pharmacy, 2100 Gardiner Lane, Louisville, KY 40205

Early Registration: before **August 15, 2008**

- Government/Universities: \$100
- Industry: \$200

Registration: on or after **August 15, 2008**

- Government/Universities: \$150
- Industry: \$250