

JACKSON CARDIOVASCULAR-RENAL MEETING 2008

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
JACKSON, MISSISSIPPI
October 15-18, 2008

REGISTRATION FORM

Name _____
Last First Middle Initial

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number: _____

Email address: _____

Please check:

Stipend: I wish to apply for the New Investigator Travel Award.

Events: (Please check events you plan to attend)

		<u>Participant</u>	<u>Guest</u>
October 15,	Reception	<input type="checkbox"/>	<input type="checkbox"/>
October 16,	Taste of Mississippi Evening	<input type="checkbox"/>	<input type="checkbox"/>
October 17,	Reception and Banquet	<input type="checkbox"/>	<input type="checkbox"/>

Registration: Registration Fee, \$50.00
(Includes all lunches and events noted above)

Enclosed is my check in the amount of \$_____, made payable to Cardiovascular Meeting Fund.

Please return check and completed registration form no later than **August 15, 2008** to:
Stephanie Lucas, Meeting Secretariat
Center for Excellence in Cardiovascular-Renal Research
The University of Mississippi Medical Center
2500 N. State St., N-613
Jackson, MS 39216-4505
Telephone (601) 984-1801; Fax: (601) 984-1817; Email: slucas@physiology.umsmed.edu