



Registration Form

Prefix: _____

First Name: _____ MI: _____

Last Name: _____

Degree: _____

Organizational Title: _____

Department: _____

Organization: _____

Address: _____

City: _____

Province: _____

State: _____

Postal/Zip Code: _____

Country: _____

Primary Phone: _____

Fax: _____

E-mail: _____

Participant Type:

Undergraduate Graduate Post-Graduate Principal Investigator

Gender:

Male Female

Age Group:

18-22 23-25 26-30 31-40 41-50 51-60 61-80

How did you hear about the Congress?

Congress Web site Google Search E-mail Announcement Other Industry Conference
 Colleague Other

If Other, please specify: _____

Have you attended before?

Yes No

If you have not attended before, are you an ISPG Member?

Yes No

What is your primary professional activity?

Patient Care Clinical Research Basic Research Both Patient Care and Research Other
If Other, please specify: _____

I plan to attend the Welcome Reception on Sunday, September 11, 2011 at the Omni Shoreham Hotel.

If you plan to attend and bring a guest, please type guest's name here:

Arrangements for Participants with Disabilities:

WCPG facilities and overnight accommodations are accessible to persons with disabilities. Services will be made available to sensory-impaired persons attending the meeting if requested at least 7 days prior to the Congress. Please indicate any needs:

Are you interested in a roommate? By checking this box you are giving permission for us to provide your e-mail address to other participants of the same gender requesting a roommate.

Please select a Registration Fee:

Registration Category	<u>Early Bird Fee</u> By July 6, 2011	<u>Advance Fee</u> Between July 7 to August 29, 2011	<u>On-site Fee</u> After August 29, 2011
Participant	— \$795.00	— \$845.00	— \$945.00
Student*	— \$450.00	— \$500.00	— \$550.00
ECIP Travel Awardee**	— \$450.00	— \$450.00	— \$450.00

*Proof of status is required (A proof of status is an official letter written in English by a University official).

**In order to be eligible for this fee, you must have an official ECIP travel award notification from ISPG.

By checking this box I agree that these fees will be placed in an escrow account to assure funding for conference use, as authorized by the sponsor.

In addition to registration, there will be a \$50 CME administrative fee to those applying for credits, payable upon submission of the application for CME credit. (DO NOT SEND CME PAYMENT AT THIS TIME)

Refund/Cancellation:

Cancellation of registration should be in writing and may be faxed to (703) 925-9453, sent by e-mail to Ms. Dana Gleason at: ISPGinfo@wcp2011.org, or mailed and postmarked by **August 29, 2011**. For every written cancellation received before August 29, 2011, 50% of the paid registration fee will be refunded to the participant. **There will be no refunds given after August 29, 2011.** All refunds will be made within one month after the end of the Congress. Bank charges will be deducted.

By checking this box I have read and agree to the cancellation policy.

Fee Type:

Fee types are subject to eligibility requirements and review. **If a fee type cannot be verified, you will be responsible for paying an additional amount as applicable.**

By checking this box, I have read and agree to the registration fee type policy.

Method of Payment:

_____ Check/Money Order No. _____ (enclosed) All payment **should** be made in U.S. Dollars.

_____ Credit Card (**NOTE: payment will be processed on a secure Web site**)

Please Check: ___ American Express ___ MasterCard ___ Visa

Account No.: _____ Exp. Date: _____ Cardholder's Name: _____

Signature: _____

The last date to pre-register is August 29, 2011. Payment must accompany registration form, please ensure that check indicates names of all registrants; no purchase orders; use this form as the invoice; payment must be made in U.S. dollars; make checks payable to Infinity Conference Group, Inc. Escrow Account, 1035 Sterling Road, Suite 202, Herndon, VA 20170, Attn: WCPG 2011, or fax to (703) 925-9453 (credit card payments only). FOR FURTHER INFORMATION, phone (703) 925 -9455, ext. 0.