

REGISTRATION FORM

8th International Meeting on AAA Proteins
July 12th - July 16th, 2009

Name: _____

Address: _____

Phone #: _____

E-mail: _____

Arrival Date: _____

Departure Date: _____

Please check (√) one of the following occupancy options:

Single Occupancy ()

Double Occupancy () Please share my room with _____

Double Occupancy () I am bringing my spouse/Partner. Name: _____

The Kingbridge Centre is authorized to use the following Credit Card for payment of charges resulting from your stay; including a \$365.00 registration/cancellation fee that will be processed upon registration with Kingbridge:

Type of Credit Card: _____

Credit Card Number: _____ Expiry Date: _____

Card Holder's Name: _____

Card Holder Signature: _____

****A photocopy of the front and back of the above mentioned Credit Card MUST accompany this form.**

*****Cancellation Policy:***

IF CANCELLATION IS RECEIVED:	CANCELLATION FEE
By May 8 th , 2009	Refund of \$315.00 on above credit card
After May 8 th , 2009	No Refund of Registration Fee plus Full Accommodation Costs

**Please fax back registration form to Kingbridge at (905)833-6507
Attention:AnthonySguigna**