

# REGISTRATION

IACUC<sup>101</sup>

Wednesday, May 18, 2005

## Preregistration is Required — NO Walk-in Registration

### Early Registration

\$140.00/participant for registration postmarked by May 9, 2005.

### Late Registration

Add \$25.00/participant for registration postmarked after May 9, 2005.

Sorry, no credit cards can be accepted. Make checks or Money Order payable to MISMR. Payments must be in US funds and payable on a US bank.

Registration fee includes attendance at sessions, refreshment breaks, lunch, hard copy materials for certain sessions, a certificate of participation, and other amenities involved in creating a rewarding learning experience.

## CANCELLATIONS

Cancellations submitted in writing prior to May 9, 2005 are necessary for reimbursement of the registration fee minus a \$25.00 administration fee. Cancellations after May 9, 2005 will not be refunded.

MISMR reserves the right to cancel all programs and return all fees. Liability is limited to the course fee. MISMR will not be responsible for any losses incurred by registrants including, but not limited to, airline cancellation charges or hotel deposits. The program agendas are subject to change without notice.

Participation of women, racial/ethnic minorities, persons with disabilities, and other individuals who have been traditionally under represented in science, is encouraged.

## SPECIAL NEEDS AND/OR QUESTIONS

If you have special needs, require special accommodations, or have questions about registration, please contact Executive Director of MISMR Rebecca Elish-Stengle, M.P.H., at (734) 763-8029 or e-mail: [mismr@umich.edu](mailto:mismr@umich.edu). For a vegetarian meal check the box on the registration form.

## CONFERENCE LODGING

Courtyard by Marriott Brighton Hotel, 7799 Conference Center Dr., Brighton, Michigan 48114. A limited number of rooms are available at a conference rate of \$81.00 per night (+tax). To make reservations, call (810) 225-9200 and ask for the "MISMR Group rate". For additional information visit their website: <http://www.idcide.com/hotels/mi/courtyard-by-marriott-brighton.htm>

## DIRECTIONS

Genoa Woods is centrally located in Brighton, Michigan, just northwest of Interstate 96 and Grand River Avenue.

### From North

Take US-23 South to Interstate 96 West, Exit at Grand River #145, Right on Grand River. Turn Left between Superior Cadillac and Arby's (less than 1/8 mile), take Conference Center Drive until it dead ends into our parking lot.

### From South

Take US-23 North to Interstate 96 West, Exit at Grand River #145, Right on Grand River. Turn Left between Superior Cadillac and Arby's (less than 1/8 mile), take Conference Center Drive until it dead ends into our parking lot.

### From East

Take Interstate 96 West, Exit at Grand River #145, Right on Grand River. Turn left between Superior Cadillac and Arby's (less than 1/8 mile), take Conference Center Drive until it dead ends into our parking lot.

### From West

Take Interstate 96 East, Exit at Grand River #145, Left on Grand River. Turn left between Superior Cadillac and Arby's (less than 1/4 mile), take Conference Center Drive until it dead ends into our parking lot.

# REGISTRATION FORM

Please complete all of the following information and return the registration form with your check or money order to:

Rebecca Elish-Stengle, M.P.H.  
Michigan Society for Medical Research (MISMR)  
P.O. Box 3237 • Ann Arbor, MI 48106-3237  
Voice: (734) 763-8029 Fax: (734) 930-1568  
E-mail: [mismr@umich.edu](mailto:mismr@umich.edu)

PLEASE TYPE OR PRINT

NAME \_\_\_\_\_  
(As you want it to appear on your name tag and IACUC 2005 certificate.)

SPECIALTY / DEGREE \_\_\_\_\_

COMPANY / INSTITUTION \_\_\_\_\_  
(As you want it to appear on your name tag and IACUC 2005 certificate.)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(If you do not have access to e-mail, PLEASE indicate another method including alternative e-mail addresses for providing you with pre-course materials and updates).

IACUC TITLE / AFFILIATION \_\_\_\_\_

(e.g., Chair, Scientific Member, Non-Scientific Member, Non-Affiliated or Community Member, Attending Veterinarian, Administrator/Coordinator). Please do not write "member".

NUMBER OF YEARS IACUC EXPERIENCE \_\_\_\_\_

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IACUC 2005 on May 18, 2005 at \$140.00/participant postmarked by May 9, 2005.

IACUC 2005 on May 18, 2005 at \$165.00/participant postmarked after May 9, 2005.

Total Amount Enclosed \$ \_\_\_\_\_

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## SESSION REGISTRATION

Please check only one session for each time slot. Your choices will be on your name tag provided at the meeting.

10:15 PM:  IACUC-1  IACUC-2

2:15 PM:  S-1  S-2  S-3

3:15 PM:  S-4  S-5  S-6

Please check if you would like a vegetarian meal provided.