
Mouse & Rat Microsurgical Workshop Registration Form

Please do not book travel arrangements before receiving confirmation of your registration

First Name: _____ Last Name: _____

Middle Initials: _____ Degree(s): _____

Company / Institution: _____

Department / Division: _____

Address for Correspondence: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone number: _____

E-Mail Address: _____

Scientific Field/Goals for Workshop: _____

Where did you hear about this course: _____ Millar _____ Transonic _____ ADI _____ Other

_____ I will be attending the Mouse & Rat Microsurgical Workshop from Wednesday, August 25th to Friday, August 27th. Registration fee is \$1200.

_____ I will be attending the Mouse & Rat Microsurgical Workshop from Monday, August 30th to Wednesday, September 1st. Registration fee is \$1200.

_____ I qualify for an **academic discount of \$250 / participant**. Any participant who works in an academic institution qualifies for this discount.

Please make checks payable to: **Wake Forest University Health Sciences**

Charge Cards: _____ Visa _____ MasterCard

***** Please note: charges will appear as a payment to "Data Trace Publishing Co." *****

Cardholder's Name: _____

Card #: _____ Expiration Date: _____

Please return form to: Jan Kelly
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Winston-Salem, NC 27157-1070
E-Mail: jmkelly@wfubmc.edu
(336) 716-3950 (tel)
(336) 716-7310 (fax)