Registration Form

11th International Symposium on Cells of the Hepatic Sinusoid and Their Relation to Other Cells, Tucson, Arizona, USA, August 25-29, 2002.

Please return to: 11th International Symposium on Cells of the Hepatic Sinusoid

Department of Cell Biology & Anatomy University of Arizona College of Medicine

1501 N. Campbell Avenue

EAY: (1) 520-626-2097

Tucson	1, AZ 85724-5044 USA	FAX: (1) 520-626-2097
Name:(Title)	Surname	Forename(s)
, ,		
City:		
Post Code/ZIP Code:	Count	try:
Telephone:	Fax:	
E-mail:		
	articipants include scientif	fic program, book, all meals and soci e all meals and social activities. Hot
Participant Registra	nt: US \$695 (before 1 June	e); US \$750 (after 1 June) \$
Accompanying Pers	sons: US \$595 (before 1 June	e); US \$650 (after 1 June)
Name:		
		
		Total Remitted: US\$
Your registration payment Arizona Foundation.	is not considered a tax-d	eductible contribution to the University
Please return this Re	gistration Form together	with the Methods of Payment Form.

Please check if appropriate:

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^[] I wish to play golf on Sunday, 25 August.

Methods of Payment

Registration fee(s) for participants include scientific program, book, all meals and social activities. Fees for accompanying persons include all meals and social activities. Hotel registration is not included. Use the enclosed form to arrange hotel accommodations.

The registration fee is to be paid by credit card (MasterCard or Visa) or check (bank draft, certified check, or money order) drawn in US dollars, preferably from a United States Bank, and payable to: "University of Arizona Foundation" for credit to Anatomy Meeting Account. Your registration payment is not considered a tax deductible contribution to the University of Arizona Foundation.

All payments must be made in US dollars (\$). payment you are using:	Please indicate which of the following methods of
[] International bank draft drawn in US \$. at banks outside the USA are not acce	Note: Checks drawn in a foreign currency or payable ptable.
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Credit card facilities are available for the follow	wing credit cards only:
[] Visa [] MasterCard	
Credit card number:	Expiration date:
Name and address of credit card holder:	
Please charge my credit card with the amount of:	US\$
Signature:	Date:

Please return this Methods of Payment Form together with the Registration Form to:

Professor Robert S. McCuskey Department of Cell Biology & Anatomy College of Medicine, University of Arizona P.O. Box 245044 Tucson, AZ 85724-5044 US