

Transforming Health Care through Personalized Medicine Registration Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail (required): _____

REGISTRATION FEES (PLEASE SELECT ONE)

- Government and Academic Participants: \$80
Government/Academic employees must bring ID to registration
__ Attending Preconference Pharmacogenomics Workshop
- Industry/Public Participants: \$150
__ Attending Preconference Pharmacogenomics Workshop
- Preconference Pharmacogenomics Workshop
(not attending conference) No charge

PAYMENT METHOD (PLEASE SELECT ONE AND SUPPLY INFORMATION COMPLETELY)

- PURCHASE ORDER # _____
AGENCY CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
- CREDIT CARD
NUMBER: _____ EXP: _____
NAME ON CARD: _____
- CHECK ENCLOSED, PLEASE PROVIDE NUMBER. _____

Register via fax: Please send completed registration form to (614) 292-0492

Register via mail: Please mail completed registration form to:

Office of Continuing Education
1050 Carmack Road
225 Mount Hall
Columbus, OH 43210

Register online: You can register online with a credit card or purchase order by visiting <http://ced.osu.edu>

Please contact Ashleigh Windnagel at (614) 688-3071 or Windnagel.1@osu.edu with any questions