

# CONFERENCE REGISTRATION FORM

Thursday, May 24, 2001

Release 1.2



## **REGISTRATION DEADLINE: Friday, January 25th, 2002**

To be considered for a scholarship, you must fill out the [Scholarship Registration Form](#) instead of this Conference Registration Form.

### **REGISTRATION DEADLINE**

The conference registration deadline is Friday, January 25th, 2002. All fees must be received by that date. There is a late registration fee of \$15 for general registrations, and a \$5 late registration fee for community organizations, students, and low-income individuals after this date for registration at-the-door on the day of the conference.

### **SUBMITTING THE REGISTRATION FORM**

1. Print or download this form, fill it out as clearly and completely as possible, then mail or fax to:

**Genetics Conference Registration**  
*c/o WE ACT*  
*271 West 125<sup>th</sup> Street, Suite 308*  
*New York, New York 10027*

Fax #: (212) 961-1015

You may also register online to expedite the process. All payments must be received in full before the registration deadline in order to complete the registration process. See below for payment information.

Please e-mail any registration questions to [conference@weact.org](mailto:conference@weact.org), or leave a voice mail on the conference hotline at (212) 961-1000, ext. 333. For more information, please visit the conference website at [www.weact.org/conference](http://www.weact.org/conference).

2. Send your registration fees as a check or money order payable to "WE ACT," and mail to the following address:

**Genetics Conference Registration**  
*c/o WE ACT*  
*271 West 125<sup>th</sup> Street, Suite 308*  
*New York, New York 10027*

**REGISTRATION IS NOT COMPLETE UNTIL  
YOUR FEES HAVE BEEN RECEIVED**

**PERSONAL INFORMATION (Please Print Clearly)**

**Prefix:**

(i.e. Mr., Ms., Dr., Prof., Reverend)

**First Name:**

**Middle Name:**

**Last Name:**

**Suffix:**

(i.e. Jr., III., M.D., Ph.D., Esq.)

**Organization / Company:**

**Department:**

**Job Title:**

**CONTACT INFORMATION (Please Print Clearly)**

*Select One:*

**Work Address**    **Home Address**    **Other:** *(Please Specify Below)*

**Home Office Address**

**Bldg. Name:**

**Address(1):**

**Address(2):**

**Apartment/Suite/Room/Floor:**

*(Specify: "Apt. 5B", "Ste. 303", "Rm. 317", "3rd Fl.")*

**City:**

*(Please Spell Out, i.e. New York)*

**State:**

*(Please Spell Out, i.e. New York)*

**ZIP® Code:**

*(Specify: ZIP+4 if desired. Format: 10027-4424)*

**Country:**

*(Abbreviate if Necessary, i.e. USA)*

**Voice Phone:**

*(Format: (212) 961-1000, Ext. 307)*

**Ext.:**

**Fax:**

(Format: (212) 961-1000)

**E-Mail:**

(Format: Carlos@weact.org)

**Website: <http://>**

**Notes:**

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**REGISTRATION PAYMENTS (Please Print Clearly)**

**Early Registration Fee**

- \$50.00 General Registrants
- \$25.00 Community Organizations, Student, and Low-Income Participants

*(Must include a brief explanation on organizational letterhead, or a copy of student ID when mailing)*

**Late Registration Fee (At-the-Door)**

- \$65.00 General Registrant
- \$30.00 Community Organizations, Student, and Low-Income Participants

*(Must supply a brief explanation on organizational letterhead, or a copy of student ID)*

**Voluntary Contribution to help fund a scholarship**

Amount: \$

**Payment Enclosed**

- Personal Check    Check N<sup>o</sup>: \_\_\_\_\_ Amount: \_\_\_\_\_
- Money Order        Order N<sup>o</sup>: \_\_\_\_\_ Amount: \_\_\_\_\_

**SPECIFIC REQUIREMENTS (Please Print Clearly)**

I would like to request the use of equipment for Spanish translation during the conference.

**Please specify any special needs:**

*Dietary Requirements:*

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*Disability Access / Needs:*

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**I heard about this conference through...**

WE ACT mailing

WE ACT e-mail

WE ACT website

A friend / colleague

Other: (please specify)

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