

Registration Form

MODELING OF PROTEIN INTERACTIONS IN GENOMES

JUNE 16-19, 2001 Charleston, SC

Last Name (please print clearly)

First Name

Middle Initial

Faculty/Research Scientist Postdoc/Student

Social Security Number (US participants only)

University/ Company

Address

City

State

Zip

(____)____-_____
Office Telephone

(____)____-_____
Office Fax

E-mail Address

Early Registration before May 15

- \$200
 \$100 -Postdoc/Student

Late Registration after May 15

- \$250
 \$150 - Postdoc/Student

Payment must accompany registration

- Check Payable to
*Medical University of
South Carolina*
- MasterCard
- Visa

Cardholder's Name _____

Card Number

Expiration Date

**Please use ONE of these methods to register (US dollars only)
(do not mail if previously faxed or telephoned):**

Mail registration form with check or credit card
information to:

Office of CME
Medical University of South Carolina,
261 Calhoun Street, Suite 301
P.O. Box 250189
Charleston, SC, 29425

Telephone: (843) 876-1925
Registration by credit card only

Fax: (843) 876-1931
Registration by credit card only