international HYPOXIA SYMPOSIA

2009 Registration Form

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH YOUR PAYMENT, TO THE ADDRESS INDICATED BELOW

I. IDENTIFICATION (Please print or type)

Please complete this section carefully. The information you provide will help us to correspond with you efficiently.

Last Name: _____ First Name:_____

Institution:_____

Business Address: _____

Street: _____

City:_____State/Province: _____ Country: _____

Postal/Zip Code: _____Tel.(day):_____ Fax: _____

Email address:_____ First Name for Badge: _____

Name of Accompanying Person:

II. REGISTRATION (in U.S. dollars**)

	Before 10 January, 2009	*After 10 January, 2009*
Regular (includes proceedings)	$650 _____	$800 _____
Student	$350 _____	$450 _____
Accompanying Person	$100 _____	$150 _____

III. PAYMENT

Registration Fee for Participant $_____

Registration Fee for Accompanying Person $_____

Total $_____

METHOD OF PAYMENT

❑ **Credit Card**

I hereby authorize the International Hypoxia Symposia to debit my credit card account for the total amount indicated above.

❑ Visa ❑ MasterCard

Credit Card Number:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date:

☐☐ **(month)** ☐☐☐☐ **(year)**

Cardholder Name: _____

Signature of Cardholder: _____

Cancellation: You will be charged a $50 cancellation fee if you cancel before February 23rd. After February 23rd the cancellation fee will be $250.

Mail or Fax this Form to: Hypoxia 2009, c/o IHS, 6382 South Geneva Circle, Englewood, Colorado, USA 80011
Telephone: 303.724.1770. Fax 720.293.7722 or +1.303.724.1660.