international HYPOXIA SYMPOSIA

2011 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 30 December, 2010	*After 30 December, 2010*
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:

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Expiration Date: **Security Code, 3 digits, back of card:**

☐☐ **(month)** ☐☐☐☐ **(year)** ☐☐☐

Cardholder Name: _____

Signature of Cardholder: _____

Cancellation: You will be charged a $50 cancellation fee if you cancel before January 20th. After January 20th the cancellation fee will be $450.

Mail or Fax this Form to: **Hypoxia 2011 c/o IHS, 6382 South Geneva Circle, Englewood, Colorado, USA 80011**
Telephone: 303.724.1770. Fax 720.293.7722.