

Registration Form

First Name, Last Name, Degree(s)

NYSTEM Grant Contract #

Title

Organization

Address

City

State

Zip Code

Telephone

Fax

Email Address*

*Note: An email address is required for confirmation.

NYSTEM Awardees should register by April 23, 2010. Payment should accompany registration. Please check the appropriate boxes in each section below:

Registration Fees

- Registration: \$175 (with registration form received on or before May 12, 2010)
- Late Registration: \$225 (with registration form received after May 12, 2010)
- Facilities Workshop only Registration: \$50 (includes lunch Wednesday May 26, 2010)

Payment Information

- Check # _____. Check is to be made payable to **Health Research, Inc.**
- Check will be mailed prior to the conference (post-mark date by: May 12, 2010)
- Money Order
- Credit Card: _____ VISA _____ Master Card

Name on Card

Card Number

Expiration Date Card

Verification Number (3 digit number on back of card)

You May Register by Mail, Fax or Phone

Mail: NYSTEM Conference Registration, Wadsworth Center Room C-345, NYSDOH, Empire State Plaza, Albany, NY 12201-0509

Fax: (518) 474-5049 (only for payment by credit card)

Phone: (518) 473-5217 (only for credit card payments).

Please call (518) 473-5217 or email stemmtg@wadsworth.org with any questions.