

40TH MID-ATLANTIC GRADUATE STUDENT SYMPOSIUM IN
MEDICINAL CHEMISTRY

Registration Form
Deadline: May 31, 2007

June 10-12, 2007 ♦ West Virginia University

Title: **Name to appear on Badge:**

Dr. **University:**

Professor **Address:**

Post-doc

Graduate Student **City, State, Zip:**

Undergraduate **Email:**

Telephone:

Sex: **Male** **Female**

Please indicate the following if needed:

Special dietary needs/Vegetarian:

Special accessibility:

Presenting at Meeting:

Oral Presentation (15 minute talk, 5 minute Q&A)

Poster Presentation (4' x 5' area)

None

Comments:

Registration and Housing Fees:

Registration Fee \$40 (mandatory for all participants)

\$60 per night for a single occupancy room (\$120 for 2 nights)

\$30 per night for a double occupancy room (\$60 for 2 nights)

Parking permit required

Please Indicate Name of Requested Roommate:

Payment:

Send check or money order payable to West Virginia University

Total Amount Enclosed \$

Credit Card Payments Accepted: Please check one Mastercard Discover Visa

Name on Credit Card:

Credit Card Number:

Expiration Date:

Security Number (located on the back of the card):

Mail or Fax Completed Registration Forms to:

Attn: Jarod Kabulski

WVU, School of Pharmacy

1 Medical Center Drive, PO Box 9530

Morgantown, WV 26506

FAX: 304.293.2576

Please contact Jarod Kabulski at 304.293.1472 or email MAGSS2007@hsc.wvu.edu