

IHW 2007 REGISTRATION FORM

Please type or print legibly

My Gender is: Male Female

First/Given Name: _____ Last/Surname: _____

Job Title: _____ or postdoctoral trainee or student: undergraduate graduate medical

Institute/Organization: _____

Street Address (include any mail codes): _____

City: _____ State/Prov.: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

WORKSHOP REGISTRATION: All prices are in U.S. Dollars.	Paid by	Paid after	
	May 18, 2007	May 18, 2007	
Includes one abstract submission by March 23, 2007, admission to all scientific sessions, one abstract book, one excursion, and all scheduled meals including opening reception and banquet.	\$ 700.00	\$ 800.00	\$ _____

ABSTRACTS: (Please check the appropriate box.)

- I am NOT submitting an abstract
- I am submitting one abstract (included in Registration Fee)
- I am submitting more than one abstract.....# _____ x \$100 each = \$ _____

SPECIAL EVENTS: (Please mark each section as appropriate.)

SPECIAL NEEDS: Vegetarian Vegan Other _____

SATELLITE WORKSHOPS – I will attend the following Satellite workshop(s) on Saturday, July 7.

- Herpes Simplex Virus, 8:00 am – 12:00 pm
- Beta Herpesviruses, 9:00 am – 12:00 pm
- Veterinary Herpesviruses, 1:00 – 5:00 pm
- Vaccines/Antivirals/Clinical, 1:00 – 5:00 pm
- VZV, 1:00 – 5:00 pm

BANQUET – Thursday, July 12

- I plan to attend the Banquet on Thursday evening.
- I will NOT attend the Banquet on Thursday evening.

EXCURSION (Tuesday afternoon, July 10. Included with Registration Fee)

Rank in order of top 3 preferences: 1 for first choice, 2 for second choice and 3 for third choice.

- _____ I Will Not Participate in an Excursion. * **Due to the added costs, fees apply to the following excursions:**
- _____ E1 Blue Ridge Parkway Tour
- _____ E2 Chimney Rock Hiking
- _____ E3A McRae Peak Hike
- _____ E3B Ecosystems/Interpretive Hike
- _____ E4 Dupont Forest Waterfall Hike
- _____ E5 Biltmore Estate
- _____ E6 Rafting the French Broad River (*\$30 extra per person)
- _____ E7 Smoky Mountain Railroad (*\$30 extra per person)
- _____ E8 Horseback Riding in the Appalachians (*\$30 extra per person)
- _____ E9 Appalachian Trail Hike & Hot Springs (*\$30 extra per person)
- _____ E10 Scenic Dupont Mountain Bike Ride (*\$60 extra per person)
- _____ E11 Rafting the Nolichucky River (*\$60 extra per person)
- _____ E12 Tsali Trails Mountain Bike Ride (*\$60 extra per person)

* For excursions E6, 7, 8 or 9, # people _____ x \$30 each = \$ _____
* For excursions E10, 11 or 12, # people _____ x \$60 each = \$ _____

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ACCOMPANYING PERSON(S) REGISTRATION:

	<u>Number</u>	<u>Price</u>	
<input type="checkbox"/> Companion Banquet Ticket (Saturday Reception and Thursday banquet)	_____	x \$ 95.00	= \$ _____
<input type="checkbox"/> Companion Banquet/Excursion (Saturday Reception, Tuesday Excursion, and Thursday Banquet)	_____	x \$ 175.00	= \$ _____
<input type="checkbox"/> Companion Meal Package (Saturday Reception, 4 Lunches and 3 Dinners; does NOT include the Banquet)	_____	x \$ 225.00	= \$ _____

TOTAL FEES: \$ _____

TRAVEL SUPPORT

U.S. and non-U.S. trainees may apply for travel expense support in accordance with the information on the IHW website at <http://www.herpesvirusworkshop.com>.

- I am a trainee in a U.S. lab, I can provide a tax identification number, and I want to apply for travel support.**
- I am a trainee outside the U.S. and I want to apply for travel support.**

Make Travel Award payable to:

- Attendee** **Institute/Organization** ****U.S. Federal Tax ID#** _____

**U. S. Trainees must provide the tax identification number for the award recipient. For individuals provide a Social Security number (###-##-####). For institutions provide an Employer Identification Number (EIN) (##-#####).

Ethnic Origin: (select one)

- American Indian or Alaska Native Asian Black or African American Hispanic or Latino
- Native Hawaiian/Pacific Islander White I do not wish to provide the information.

PAYMENT: (Please complete the following information.)

- Check in U.S. dollars drawn on a U.S. bank, made payable to IHW 2007. Check # _____
- Credit Card (MasterCard, VISA or American Express Only)

Name as it appears on the card: _____

Credit Card Number: _____ Expiration Date: _____

Complete Credit Card Billing Address: _____

Please charge the TOTAL FEES above to my credit card. _____

Signature

Date

- University Purchase Order # _____ *Send copy of purchase order with registration form.*

Funds must be received within 30 days of submitting your workshop registration form.

Cancellation Policy:

Written cancellation received by Friday, June 1, 2007 entitles registrant to a full refund less a \$50 processing fee.

No refunds will be granted for cancellations received after June 1st, but substitutions may be made until the start of the workshop.

Cancellations must be via email to register@ConferenceSolutionsInc.com or via mail to:

IHW 2007, 2545 SW Spring Garden St., #150, Portland OR 97219 USA.

Please mail this two-page registration form with payment or fax with credit card information to:

IHW 2007
Conference Solutions Inc.
2545 SW Spring Garden Street, #150
Portland, OR 97219 USA
Fax: 503.244.2401

Registration questions may be directed to Tamara at register@ConferenceSolutionsInc.com, or 503.244.4294 ext. 202. (Pacific time zone in U.S.)