

MEETING REGISTRATION FORM

ROLE OF BETAININE IN THE TREATMENT OF ALCOHOLIC LIVER DISEASE

October 3, 2005

Please type or print clearly.

Please check as appropriate for each box:

Mr. Ms. M.D. Ph.D. M.P.H. Other (please list) _____

Name: _____

Title: _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

RETURN TO: Pamela C. Handon

By September 26, 2005

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