

**Artificial Pancreas Workshop
July 21–22, 2008**

REGISTRATION FORM

Name: _____ Degree(s): _____

Title: _____

Department: _____

Organization: _____

Address: _____

City, State, ZIP: _____

Office Phone: _____ Fax: _____

E-mail _____ @ _____

Emergency Contact: _____ Telephone: _____

CATEGORY OF ATTENDEE: (Check all that apply)

Speaker Academia Federal Staff Industry Press Other: _____

Special Requirements (dietary restrictions, physical challenges, etc.):

**PLEASE FAX THE REGISTRATION FORM TO:
B L Seamon Corporation
Attn: Akia Richardson
(301) 474-5261**

PLEASE RETURN NO LATER THAN JUNE 21, 2008.