

Artificial Pancreas Workshop

July 21-22, 2008 · NIH Campus, Lister Hill Auditorium · Bethesda, MD

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: Paula Gumbs

(301) 474-5261

PLEASE RETURN NO LATER THAN JUNE 21, 2008.