

REGISTRATION FORM

Flow Cytometry Workshop

May 23, 2010
Philadelphia, PA



Registration must be postmarked no later than May 14, 2010
After May 14th, please register onsite.



Register online at:
www.celltherapy2010.com



Mail this form with payment to:
International Society for Cellular Therapy
375 W 5th Avenue Suite 201
Vancouver BC V5Y 1J6
Canada



Fax this form to:
1-604-874-4378

STEP 1 – FILL OUT THE FIELDS BELOW

Surname/Family Name

First Name

Initial

Primary Degree or equivalent: MD PhD MSc MBA BSc MT

Primary Area of Expertise: Laboratory Regulatory Research Clinical Industry

Job Title

Department

Institution/Company

Address

City

State

Zip

Country

Telephone

Fax

Email

STEP 3 – PAYMENT

Check Payment

Checks should be made payable to: ISCT (in US funds drawn on a US bank) Fed. Tax ID No.: 52-1809771

Credit Card Payment

MasterCard Visa American Express

Credit Card Number

Expiration Date (mm/yy)

Name (as it appears on card)

Signature

STEP 2 – SELECT YOUR REGISTRATION FEE

Flow Cytometry Workshop on May 23, 2010 – 10:00am – 3:00pm

Early Registration Rate – until April 15, 2010

q \$75.00

Regular Registration Rate – April 16 to onsite

q \$95.00

CANCELLATION POLICY

A \$75 administrative will be applied to any cancellations. No refund for cancellations received after April 9, 2010.