

2004 8th Annual International SMA Research Group Meeting Registration Form

To pre-register for the 2004 8th Annual International Research Group Meeting, print this form, fill it out, and mail or fax it to us with payment before May 10, 2004.

If paying by check (payable to "Families of SMA"), credit card, or money order, mail the completed form to International SMA Research Group Meeting, Families of SMA, P.O. Box 196, Libertyville, IL 60048-0196.

If paying by credit card, fax the completed form to (847) 367-7623.

Name _____

E-mail address _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Daytime phone _____

Evening phone: _____

Pre-Registration (Must be received by May 10, 2004)

Professional \$260 each

Please circle one

Basic science

Clinical

Registration (Received after May 10, 2004)

Professional \$290 each

Please circle one

Basic science

Clinical

Credit card information —

Total charged to card:

US\$ _____

Visa MasterCard Discover

Card no. _____ Exp. _____

Name on card: _____

Signature: _____