



**2nd Annual Research and Educational Symposium
Memorial Healthcare System
GRANT WRITING INSTITUTE REGISTRATION FORM
FEBRUARY 17-19, 2008
FORT LAUDERDALE GRANDE HOTEL, FORT LAUDERDALE, FLORIDA**



Complete this form, keep a copy for your records and mail or fax completed form with payment.

CONTACT INFORMATION: Please print legibly.

Name/Title			
Organization	Department	Division	
Address	City	State	Zip
Phone	Fax	Email address	

REGISTRATION DETAILS & FORM

REGISTRATION FEE – includes continental breakfast, lunch, receptions, professional teaching faculty, course materials, and 2nd Annual Research and Educational Symposium registration fee.

OFFICIAL SYMPOSIUM & GWI SITE: Fort Lauderdale Grande Hotel and Yacht Club, 1881 SE 17th Street, Fort Lauderdale Florida, 33316; Telephone: 866-380-1110

GRANT WRITING INSTITUTE (GWI) TUITION & FEES **\$550.00**

HOTEL STAY – GWI @ \$269 per night _____ # nights **\$ _____**
February 17 – 19, 2008

2nd ANNUAL SYMPOSIUM REGISTRATION FEE WILL BE **\$0.00**
WAIVED FOR PARTICIPANTS IN THE GWI

HOTEL STAY - SYMPOSIUM @ \$269 per night _____ # nights **\$ _____**
February 20 – 22, 2008

TOTAL **\$ _____**
Due in Full by December 31, 2007

Form of Payment: Check/Money Order made payable to **Sickle Cell Services**. Mail payment and completed form to **Sickle Cell Services/ Memorial Regional Hospital 3501 Johnson Street, Hollywood, Florida 33021**

Visa **Master Card** **Amex** **Discover** **Fax to: 954-963-5772**

Credit Card # _____ Expiration Date _____ CV Code _____

Credit Card Billing Address _____

Cardholder Signature _____

Refund Policy: January 15, 2008 deadline for cancellations. A \$50 cancellation fee will be charged. There will be NO REFUNDS after January 20, 2008.

FOR OFC. USE ONLY:	REG. & HOTEL FEE:	SCHOLARSHIP AMOUNT:	TOTAL AMOUNT:	DATE:
-------------------------------	----------------------------------	--------------------------------	--------------------------	--------------