



2nd Annual Sickle Cell Disease Research and Educational Symposium
Memorial Healthcare System
EDUCATIONAL AND RESEARCH SYMPOSIUM
FEBRUARY 20-22, 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

OFFICIAL SYMPOSIUM & GWI SITE: Fort Lauderdale Grande Hotel and Yacht Club, 1881 SE 17th Street, Ft. Lauderdale Florida, 33316; Telephone: 866-380-1110; **Hotel Online Registration at**
<http://www.memorialregional.com/sicklecellsymposium.aspx>
Hotel Rate Expires January 24, 2008

| | BEFORE 12/16 | AFTER 12/17 |
|---|--------------------------------------|-----------------|
| M.D., D.O., PhD, Other Professionals | \$325 | \$400 |
| Nurse/Social Worker | \$250 | \$325 |
| SCDAA Member Organizations | \$200 | \$275 |
| Individuals with SCD and/or Family Members | \$100 | \$175 |
| Students | \$100 | \$175 |
| <u>TOTAL REGISTRATION FEE</u> | | \$ _____ |
| CME/CEU | \$25 (Administrative Fee) | \$ _____ |
| Speaker Luncheon <i>Thursday, 02/21/08</i> | \$ 50 _____ x _____ (tickets) | \$ _____ |
| | GRAND TOTAL | \$ _____ |

On-site Registration (Additional \$15.00 late registration fee)

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: December 28, 2007 deadline for cancellations. A \$50 cancellation fee will be charged.
There will be NO REFUNDS after December 31, 2007

| | | | | | |
|----------------------------|------------------------|----------------------|------------------|------------------|-------------------------|
| FOR OFC. Staff Initials | REG. & HOTEL FEE PAID: | APPLICABLE DISCOUNT: | LATE REG FEE: | TOTAL AMOUNT: | DATE: ____/____/____ |
|----------------------------|------------------------|----------------------|------------------|------------------|-------------------------|