REGISTRATION FORM

Workshop on Adjuvants and Adjuvanted Preventive and Therapeutic Vaccines for Infectious Disease Indications

Dec 2-3, 2008 Bethesda, Maryland, USA

There is no cost for registration.

Please see the 'Travel and Lodging Information' sheet regarding lodging arrangements.

Please check appropriate box(es):

☐ **Mr.** ☐ **Ms.** ☐ **M.D.** ☐ **Ph.D.** ☐ **M.P.H.** ☐ **Other** (please list)

Name:_____

Title:_____

Organization/Affiliation:
_____

Address:
_____

City: _____ **State:** _____

Zip:_____

Phone: _____ **Fax:** _____ **E-Mail:**

Will you attend the entire meeting? Yes____ No____ Mark the day(s) you will attend:
Tue Dec 2_____ Wed Dec 3_____

RETURN COMPLETED REGISTRATION FORM TO:

Sarah Landry
landrys@niaid.nih.gov
FAX 301 402-0175