

REGISTRATION AND REGISTRATION FEE

The registration form below must be completed and returned to University of Rochester School of Medicine and Dentistry, (601 Elmwood Avenue, UCAR/Box 674, Rochester, NY 14642) along with registration fee. The entire registration fee must accompany the registration form. Minimum and maximum enrollments have been established.

Early Registration: \$195.00/participant postmarked by September 15, 2005

Late Registration: \$220.00/participant postmarked after September 15, 2005.

Cancellations submitted in writing prior to September 22, 2005 are necessary for reimbursement of the registration fee minus a \$25.00 administration fee. Cancellations after September 30, 2005 will not be refunded.

Registration fee includes attendance at all sessions, continental breakfast, refreshment breaks, lunch, course syllabus and hard copy materials, and other amenities involved in creating a rewarding learning experience.

University of Rochester School of Medicine and Dentistry reserves the right to cancel all programs and return all fees. Liability is limited to the course fee. University of Rochester School of Medicine and Dentistry will not be responsible for any losses incurred by registrants including, but not limited to, airline cancellation charges or hotel deposits. The program agenda is subject to change without notice.

Participation of women, racial/ethnic minorities and persons with disabilities, and other individuals, who have been traditionally underrepresented in science, is encouraged.

SPECIAL NEEDS AND/OR QUESTIONS:

If you have special needs, require special accommodations or have questions, please contact Erin Hutteman, University of Rochester School of Medicine and Dentistry, University Committee on Animal Resources, (585)273-5116, E-mail: Erin_Hutteman@urmc.rochester.edu, or Mary Lou James, Consultant, Regulatory Compliance, St. Louis, MO (314) 997-6896, E-mail: mljames@socket.net.

CONFERENCE LOCATION AND LODGING

RIT Inn and Conference Center, 5257 West Henrietta Road, W. Henrietta, NY 14586, USA
Phone: (585) 359-1800 Fax: (585) 359-1349, www.ritinn.com.

A limited number of rooms at a conference rate of \$75 per night are available for IACUC 101. Reservations must be completed prior to September 21, 2005. Please mention IACUC 101 when making reservations.

DIRECTIONS:

Directions from the Rochester International Airport

FYI: There is a shuttle that goes directly from ROC to the RIT Inn & Conference Center.

- Follow the signs from the airport to I-390
- Take I-390 S to Exit 12A (Rte. 253, Lehigh Station Rd)
- Turn right onto Rte. 253 W
- Turn left onto Rte. 15 S (W. Henrietta Rd)
- The R-I-T Inn & Conference Center is 1/2 mile on right.

Directions from the East

- Take I-90 West to Exit 46 (I-390)
- Do not get on I-390 but follow the signs to Rte. 253 (Lehigh Station Rd.)
- Turn left onto Rte. 253 W
- Turn left onto Rte. 15 S (W. Henrietta Rd)
- The R-I-T Inn & Conference Center is 1/2 mile on right.

Directions from the West

- Take I-90 East to Exit 46 (I-390)
- Do not get on I-390 but follow the signs to Rte. 253 (Lehigh Station Rd.)
- Turn left onto Rte. 253 W
- Turn left onto Rte. 15 S (W. Henrietta Rd)
- The R-I-T Inn & Conference Center is 1/2 mile on right.

REGISTRATION FORM: - PLEASE TYPE OR PRINT LEGIBLY!

IACUC 101 – Thursday, October 6, 2005, RIT Inn and Conference Center, 5257 West Henrietta Road, W. Henrietta, NY

PLEASE COMPLETE ALL THE FOLLOWING INFORMATION so you can be assured advanced receipt of course materials and proper assignment to a mock IACUC:

PLEASE PRINT CLEARLY.

Name: _____
(as you want it to appear on your certificate)

Degrees _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____ If you do not have access to e-mail, PLEASE indicate another method including alternative e-mail addresses for providing you with pre-course materials.

IACUC Title/Affiliation: _____
(e.g. Chair, Scientific Member, Non-Scientific Member, Non-Affiliated or Community Member, Attending Veterinarian, Administrator/Coordinator) Please do not write "member".

Number of Years IACUC Experience: _____

Early Registration: \$195.00/participant postmarked before September 15, 2005

Late Registration: \$220.00/participant postmarked after September 15, 2005.

Cancellations submitted in writing prior to September 22, 2005 are necessary for reimbursement of the registration fee minus a \$25.00 administration fee. Cancellations after September 30, 2005 will not be refunded.

PAYMENT OPTIONS:

I will pay for my registration \$195.00 prior to September 15, 2005 or \$220.00 after September 15, 2005 with:

CHECK or Money Order: Make checks payable to University of Rochester School of Medicine and Dentistry (payments must be in US funds and payable on a US bank) or

CREDIT CARD: ___ MasterCard ___ Visa ___ Discover ___

Name (as it appears on the Credit Card) _____

Credit Card Number: _____

Expiration Date: ___/___ Month ___/___ Yr / V Code (3 digit # on back right of card): _____

Authorized Signature: _____

Billing address for credit card: _____

DETACH AND MAIL OR FAX TO:

Erin Hutteman
University of Rochester School of Medicine and Dentistry
601 Elmwood Ave / UCAR Box 674
Rochester, NY 14642
Phone: 585-273-5116 Fax: 585-273-1337