

SHANGHAI HEALTH STUDY

ANNUAL MEETING 1 - 3 NOVEMBER 2005

RESERVATION / REGISTRATION REQUEST

Title: Manager, Epidemiology _____
First Name: Shan _____
Last Name: Tsai _____
Name for Badge: Shan Tsai, Ph.D. _____
Company or Affiliation: Shell Oil Company _____
Address: 910 Louisiana Street _____
Houston, TX 77002 _____
Phone: 1-713-241-6078 _____ Fax: 1-713-241-5875 _____
Email: shan.tsai@shell.com _____

ACCOMMODATIONS:

Not sure at this time ____ (I) plan to stay at the Ritz-Carlton in Tyson's Corner, Virginia.

Important: Participants are responsible for contacting the hotel directly to reserve a room. Please inform the hotel that you are with the Shanghai Health Study.

Hotel Information:

Phone: (703) 506-4300
Website: Ritz Carlton Tyson's Corner Reservations

I will arrive on: Nov. 1st _____ Depart on: Nov. 4th _____

ADDITIONAL GUESTS:

First and Last Name(s): None _____

SPECIAL EVENTS:

(Yes) I will attend the reception and dinner at Maggiano's on Tuesday evening, Nov. 1st:
(# of adults 1____ # of children____)

(Yes) I will attend the dinner at Peking Gourmet Inn on Wednesday evening, Nov. 2nd:
(# of adults 1____ # of children____)

I do not have special needs. Please let us know how we can assist.

Please email completed registration form to toddm@api.org or fax to Matt Todd at 202-682-8031
