SHANGHAI HEALTH STUDY

ANNUAL MEETING 1 - 3 NOVEMBER 2005

RESERVATION / REGISTRATION REQUEST

Title: _____

First Name: _____

Last Name: _____

Name for Badge: _____

Company or Affiliation: _____

Address: _____

_____

Phone: _____ **Fax:** _____

Email: _____

ACCOMMODATIONS:

____ **(I / We) 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: _____ **Depart on:** _____

ADDITIONAL GUESTS:

First and Last Name(s): _____

SPECIAL EVENTS:

(Yes / No) **(I / We) will attend the reception and dinner at Maggiano's on Tuesday evening, Nov. 1st):**
(# of adults ____ # of children_____)

(Yes / No) **(I / We) will attend the dinner at Peking Gourmet Inn on Wednesday evening, Nov. 2nd:**
(# of adults ____ # of children_____)

I (have / 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