SHANGHAI HEALTH STUDY

ANNUAL MEETING 17 - 19 AUGUST 2004

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 Asilomar; please reserve a room.*

I will arrive on: _____ Depart on: _____

____I / We do not plan to stay at Asilomar and will make our own reservations.

ADDITIONAL GUESTS:

First and Last Name: _____

(If you have children accompanying you, please supply their age)

_____

_____

SPECIAL EVENTS:

Yes / No ____ I / We will attend the Welcome Reception and dinner (Tuesday evening, Aug. 17th)
(# of adults ____ # of children_____)

Yes / No_____I / We will attend the Cookout (Wednesday evening, Aug. 18th):
(# of adults ____ # of children_____)

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

_____

Please email to toddm@api.org or fax to Matthew Todd at 202-682-8031 no later than April 15th.

* - Asilomar reservations are for August 17-19, 2004. Due to the Asilomar reservation policy, once you agree to reserve a room you will be responsible for payment even if you do not attend the meetings.

Asilomar Conference Center ♦ 831/372-8016 ♦ Monterey Peninsula ♦ CA