

REGISTRATION FORM

International Conference on Inflammopharmacology
Royal College of Physicians of Edinburgh, Edinburgh, Scotland, UK
22-24 April 2003

Last Name	First Name	Initial
Dept.	Institution/Company	
Address		
City	State/Country	Postal/Zip Code

FEES (check as appropriate)

Participant (Academic/Gov't)	£400.00
Participant (Industry)	£695.00
Student/Resident/Postdoc*	£290.00
Guest/Spouse**	£275.00
Special day rate*** full day £50 half day £25	
Total	_____

Make cheque payable to

Sheffield Hallam University - A/c No. SCI43HN4987
Secretariat - Inflammopharmacology Conference
Professor K D Rainsford
Biomedical Research Centre
Sheffield Hallam University, Howard Street
Sheffield, S1 1WB, England, UK

INDICATE IF YOU WISH TO RECEIVE FINAL PROGRAMME

*Letter of certification of student status must accompany registration.

**Registration in this category permits the spouse/guest of a participant to attend meal and social functions ONLY.

***No evening meals or special functions with day rates

There will be a 15% fee for any registration cancellation.

NO REFUNDS HONoured AFTER 26 MARCH 2003

Spouse/Guest Name for Badge _____

Please charge my credit card Visa MasterCard Credit Card Number _____

Expiration Date _____ Signature _____

Name on card _____ Address for card _____

REGISTRATION RECEIPT

DO NOT DETACH

Participant (Academic/Gov't)	£	_____
Participant (Industry)	£	_____
Student	£	_____
Guest/Spouse	£	_____
Special day rate	£	_____
Total	£	_____

NOT VALID UNLESS STAMPED

International Conference on
Inflammopharmacology

22-24 April 2003

Edinburgh Scotland UK

Name _____