

2010 Conference Registration Form

Name: _____

Degree: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Method of payment (Circle one):

Check Enclosed

VISA

MasterCard

Credit Card Number: _____ Exp. Date: _____

Mail or fax completed form with credit card information or check (payable to: Duke University Medical Center) to the address below:

Registration Information

16th Annual Duke Nicotine
Research Conference
Attn: Anne Marie Jacobs
2424 Erwin Road, Suite 201
Durham, NC 27705
Fax: 919-668-5088
Phone: 919-668-5055

Email: annemarie.jacobs@duke.edu

2010 Conference Registration Fees

Early Registration (before Aug.27): \$165

Late Registration (after Aug. 27): \$200

Graduate/Postdoctoral Students: \$90

Duke Affiliates: *Please call for rates*