

2009 Conference Registration Form

Name: _____

Degree: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

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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

15th 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

2009 Conference Registration Fees

Early Registration (before Aug.14): \$160
Late Registration (after Aug. 14): \$195
Graduate/Postdoctoral Students: \$85
Duke Affiliates: *Please call for rates*