



11th WMS Satellite Teaching Course  
30 September - 1 October, 2013

Registration fee: \$350 US  
Maximum # Attendants: 45  
Registration deadline: August 31, 2013

**Please fax or email this form to:**

G. Diane Shelton, Chair, Local Organizing Committee  
Department of Pathology, School of Medicine  
University of California, San Diego  
La Jolla, CA 92093-0709  
FAX: 858-534-0391 Email: gshelton@ucsd.edu

**CONTACT DETAILS:**

(Please print clearly in block capitals)

Attendee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT:**

- Please forward an invoice to facilitate payment.
- I will enclose a check in US dollars and drawn on a US bank.  
(Please make checks payable to **UC Regents/WMS 2013**)
- Please charge to the following credit card ( VISA and Mastercard only):

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CANCELLATION POLICY:**

Cancellations will only be accepted in writing, by email or fax and must be signed by the person whose signature appears on this form (or their nominee). Cancellations prior to 1 June, 2013 will receive a 50% refund. Cancellations from 1 June, 2013 onwards will receive no refund.

- I have read the cancellation policy and accept all of the conditions.

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_