

2nd Biennial International Precision Vaccines Conference

October 17 – 18, 2019

Joseph B. Martin Conference Center
Boston, Massachusetts



REGISTRATION FORM

Deadline to Register: Friday, September 13, 2019 (or until max occupancy)
(Please Print)

Today's date:			
REGISTREE INFORMATION			
Last name:		First:	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
		Phone no.: ()	
Email address:		Position & Institution:	
Street address:	City/State:	ZIP Code:	Country:
	Nonmember	Basic Member*	Premium Member*
Post-Doc/Trainee	<input type="checkbox"/> \$200 USD	<input type="checkbox"/> \$175 USD	<input type="checkbox"/> \$100 USD
Academic/Government/Non-Trainee	<input type="checkbox"/> \$350 USD	<input type="checkbox"/> \$300 USD	<input type="checkbox"/> \$175 USD
Industry	<input type="checkbox"/> \$750 USD	<input type="checkbox"/> \$450 USD	<input type="checkbox"/> \$250 USD
Attending: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Both Days (Fee covers both days)			

*Please see membership application for membership rates

CHECK INFORMATION	
Please make checks out to Boston Children's Hospital in US Dollars (USD) Checks are due by Friday, September 13, 2019	
Please mail checks to:	ATTN: Maria Crenshaw Boston Children's Hospital 300 Longwood Ave, BCH 3104 Boston, MA 02115

CREDIT CARD INFORMATION	
Will accept credit card information by phone. Please call Diana Vo at +1 617-919-6978	

BCH FUNDS	
Project ID/Fund	Bud. Ref.

_____	_____
<i>Fund Approver signature (above)</i>	<i>Date (above)</i>
<i>Fund Approver Name:</i>	<i>BCH ID #</i>

Submit registration form to PrecisionVaccinesProgram@childrens.harvard.edu

Signature of PVP personnel approving form:	Date:
--	-------