

# 28<sup>th</sup> National Medicinal Chemistry Symposium June 8-12, 2002 San Diego, California

Participant's Last Name: \_\_\_\_\_ Participant's First Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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

City, State, Country, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name to be printed on nametag: \_\_\_\_\_

## REGISTRATION FEES Amount \$ \_\_\_\_\_

Advanced Registration	Before April 1, 2002	<input type="checkbox"/> US \$590	<input type="checkbox"/> US\$350 students*
Registration	After April 1, 2002	<input type="checkbox"/> US \$650	<input type="checkbox"/> US\$325 One day
Guest Registration		<input type="checkbox"/> US \$175	_____ Day attending

Registration Fee includes abstract book, welcome reception, choice of one afternoon tour, continental breakfasts, reception at poster sessions, and Award Banquet. \*To qualify for the student rate, your registration must include a letter certifying your student status and a copy of a university photo ID. Guest registration includes admission to the Welcome Reception, Daily Conference Breakfasts and the Award Banquet. Tour registration is separate - please indicate guest tours, if any, below.

## TOUR OPTIONS Amount \$ \_\_\_\_\_

	#Guests		# Guests
1 <input type="checkbox"/> Balboa Park-A Cultural Affair	_____ @ \$64.00	4 <input type="checkbox"/> Scenic San Diego by Land & Sea	_____ @ \$34.00
2 <input type="checkbox"/> Coronado Walking Tour	_____ @ \$29.00	5 <input type="checkbox"/> Foxploration	_____ @ \$48.00
3 <input type="checkbox"/> Military Ship Tour	_____ @ \$28.00		

Each registered participant may choose one tour, which is included in the registration fee. Prices listed are for guest registration. \*Availability subject to a minimum or maximum number of participants. Substitution may be necessary if a tour does not meet minimum. Guest of meeting participant must register and pay for tour prior to arrival in San Diego.

## PAYMENT METHOD Amount \$ \_\_\_\_\_

Charge to:  Mastercard  Visa  American Express  Check Enclosed

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

Cardholder name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

ALL FEES ARE PAYABLE IN U.S. CURRENCY ONLY. ALL CHECKS MUST BE PAYBLE THROUGH U.S. BANKS AND MADE PAYBLE TO 28<sup>TH</sup> NATIONAL MEDICINAL CHEMISTRY SYMPOSIUM.

Mail to: 28<sup>th</sup> National Medicinal Chemistry Symposium  
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