

REGISTRATION  
FORM

11<sup>th</sup> International Workshop on Scleroderma Research  
Boston, Massachusetts ~ August 1-4, 2010

**Personal Details (PLEASE PRINT)**

Prof.  Dr.  Mr.  Mrs.  Miss  Other  (Please check one)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

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

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

Telephone (Include country code): \_\_\_\_\_

**Registration (Please check)**

*Registration must be received prior to July 23, 2010. There is no on-site registration.*

- |   |          |
|---|----------|
| <input type="checkbox"/> Full Registration (Includes Scientific Program, Lodging, Meals, Reception & Banquet)   | \$675.00 |
| <input type="checkbox"/> Scientific Registration (Excludes Lodging)   | \$475.00 |
| <input type="checkbox"/> Trainee Registration (Full Registration at a reduced cost for trainees. A supporting letter from your Program Director must accompany form.) | \$475.00 |
| <input type="checkbox"/> Guest Registration with B.U. Lodging (Please note, there are no double rooms at the B.U. dorms)  | \$400.00 |
| <input type="checkbox"/> Guest Registration without B.U. Lodging  | \$200.00 |

Name of Guest: \_\_\_\_\_

**Accommodation**

Lodging for the Workshop consists of single bedrooms in a 4-bedroom apartment with kitchen, living area and two full baths from Saturday 7/31 until check-out on Wednesday 8/4. If you do not wish to stay at the Boston University dorms, a list of local hotels is available on the website. Accommodation will be provided on a first-come, first-served basis.

I require B.U. accommodation: \_\_\_\_\_ Gender: \_\_\_\_\_

I do not require B.U. accommodation: \_\_\_\_\_

Overnight parking required @ \$10 per night – circle one:      Yes      No

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PAYMENT

Method of Payment (Please check)

CREDIT CARD

Name of cardholder: \_\_\_\_\_

Card number:

Expiration date (mm/yy):   /

Type of Card (Please note, Boston University does not accept American Express):

Visa       Mastercard       Discover

Amount: \_\_\_\_\_

I authorize Boston University to charge my credit card the above amount.

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

CHECK

Please make checks in USD payable to Boston University Scleroderma Workshop and send with registration form to:

Kate Brennan  
Boston University Arthritis Center  
72 East Concord Street, E-5  
Boston, MA 02118

CANCELLATION

Cancellations must be made no less than 5 days before the Workshop in order for a refund to be made.

Please FAX the completed form to +1.617.638.5226

OR

Mail with check to:

Kate Brennan, Boston University Scleroderma Workshop  
72 East Concord Street, E-5, Boston, Massachusetts 02118

Ph: 617.638.4486 Email: [brennank@bu.edu](mailto:brennank@bu.edu)

[www.sclerodermaworkshop.org](http://www.sclerodermaworkshop.org)