

SEMRC 2003 CONFERENCE REGISTRATION FORM

Please register me for the 33rd Southeastern Magnetic Resonance Conference, which will be held in Tallahassee, Florida on October 17-19, 2003.

Last Name _____

First Name _____ M. I. _____ Title _____

Organization _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

E-mail _____

I am senior investigator (\$100) graduate student (\$60)

I am an invited speaker:

Talk Title: _____

I plan to submit an abstract for a poster or talk:

Title: _____

Authors: _____

This form must be accompanied by full payment. Checks and charges to credit cards must be in U.S. dollars. We regret that we do not accept purchase orders. Add a \$25 late registration fee if you are registering after the September 27 deadline.

I am paying with:

Check or Money Order. Make payable to Florida State University/NHMFL. Refer to "SEMRC 2003" in the memo portion of the check.

Credit Card: VISA or MasterCard (sorry, no other cards accepted). Charge \$ _____ in U.S. dollars to:

CARD NUMBER

EXP. DATE

AUTHORIZING SIGNATURE

Registration must be received by September 27, 2003.

Mail To:

Southeastern Magnetic Resonance Conference,
NHMFL, 1800 E. Paul Dirac Drive, Tallahassee, FL 32310

Fax To: (850) 645-3294

(Faxed registration must be charged to VISA or MasterCard)