

**BIOACTIVE LIPIDS IN CANCER,  
INFLAMMATION AND RELATED DISEASE**

**10<sup>th</sup> INTERNATIONAL CONFERENCE**

**September 16 - 19, 2007**

**REGISTRATION FORM - For Check Payment *ONLY***

Please use conference website if paying by credit card

**A. PARTICIPANTS**

Family Name:

First Name:

Telephone:

Fax:

Affiliation / Institution:

Street Address:

City:

State/Province:

Country:

Postal Code:

E-mail address:

**B. ACCOMPANYING PERSON(S)**

Last Name:

First Name:

Last Name:

First Name:

**Note:** A \$175 fee per accompanying person will be charged, which entitles them to the opening reception, "Meet the Exhibitors" cocktail gathering and the gala dinner.

Check (personal or institutional) should be made payable to:

**EICOSANOID RESEARCH FOUNDATION**

**Note:**

Your check payment must be accompanied by a printed hard copy of this registration form.

**Mail completed form to:**

**Christopher Harris**

Wayne State University

Radiation Oncology

5101 Cass Avenue, Chemistry Bldg, Room 431

Detroit, MI 48202

Phone: (313) 577-1018