

**BIOACTIVE LIPIDS IN CANCER,
INFLAMMATION AND RELATED DISEASES**
11th INTERNATIONAL CONFERENCE
October 25 – 28, 2009

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

Department of Pathology

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Detroit, MI 48202

Phone: (313) 577-1018