

Last name: _____

PAYMENT INFORMATION

Registration will not be processed until payment has been received. Payment can be made by check, purchase order, VISA, MasterCard, American Express and Discover.

Make checks payable to *PHFE/ Congenital CMV*.

Total Fees Due: \$ _____

Visa MasterCard Discover American Express Check (payable to *PHFE/ Congenital CMV*)

Credit card information:

Credit Card Number	Expiration Date
Name on card (please print)	
Signature	

Cancellation Policy: Cancellations must be received by email no later than *Wednesday, October 1, 2008*. Cancellations received after this date will not be accepted. Telephone cancellations will not be accepted. Cancellation fees are \$35 for student and family registrations, and \$75 for all other registrations.

Mail registration form and payment to:

-or-

Fax registration form to:

Maximum Technology Corporation
Attn: Angela S. Fazah
P. O. Box 11817
Huntsville, AL 35814-1817

Attn: Angela Fazah
(256) 864-0610

Thank you for registering for the 2nd Annual Conference on Congenital CMV Infection and Disease.

Once your registration and payment is received, an electronic registration confirmation will be sent to you at the e-mail address provided.