

Midwest Pharm Fest 2014 Registration Form

Name:

University:

Registration fee:

The registration fee includes accommodation for the night of the 30th and meals. If an additional night stay is desired, or for any questions regarding the accommodations, please contact Janet Krom at Janet.krom@ndsu.edu and she will assist you in booking another night for the discounted rate of \$119.

Early registration fee **\$80** (payment received before May 9th)

Late registration fee **\$100** (payment received after May 9th)

Registration without accommodation **\$40**

- Check in will be in the afternoon of the 30th with check out the morning of the 31st.
- A secure area will be provided for the storage of personal items before check in and after check out.
- The rooms are double occupancy, if you have a choice of roommate please state here: _____ or contact Janet Krom for designation after registration submission at Janet.krom@ndsu.edu

Please mail a check, payable to the Department of Pharmaceutical Sciences, and this registration form to:

Dept. Of Pharmaceutical Sciences

PO Box 6050

NDSU Dept. 2665

Fargo, ND 58108

Include your name in the **memo line** of the check in order to ensure your payment is credited to your registration.

Meal preference (circle one):

- Vegetarian
- Beef
- Chicken
- Please specify any other dietary needs: _____

Abstract Submission: Please email abstracts by **May 9th** to Shuang Zhou
Shuang.Zhou@my.ndsu.edu

- Please limit number of words to 300, single spaced in times new roman 12pt font.
- Include separate sections for title, author(s), purpose, methods, and results.