



Frontiers in Immunology Research Network (FIRN)

EXHIBITORS' REGISTRATION FORM

Exhibitor's Trade Name and/or
Last Name of Exhibit Representative _____

First Name and M.I. of Exhibit Representative _____

Nickname of Exhibit Representative for Badge _____

Mailing Address _____

Telephone: Day (____) _____, Fax (____) _____, Email: _____

EXHIBITORS' REGISTRATION FEES (DUE APRIL 30, 2009)

(Registration fees for exhibit representatives include access to all Conference presentations, sessions, exhibitions, activities, nutritional and coffee/tea breaks.)

Alternative 1: Materials Displayed by FIRN on Exhibitor's Behalf
(\$200 per one square meter table)\$200 x __ = _____

Alternative 2: Exhibit Representative(s)
(\$180 per exhibit representative)\$180 x __ = _____
plus
(\$200 per one square meter table)\$200 x __ = _____

Alternative 3: Exhibition Booth
(\$180 per exhibit representative)\$180 x __ = _____
plus
(Exhibition Booth rental costs – contact conference hotel)

Total Amount Due = _____

Payments: _____ My check is attached payable to FIRN (in U.S. dollars drawn on a U.S. bank).

Please charge my _____ Visa _____ MasterCard or _____ American Express.

Credit Card Number _____ Exp. Date _____ Authorized Signature _____

Refunds: Cancellations must be in writing and are subject to a \$60 handling fee. No refunds will be given for cancellations after May 30, 2009. Refunds will be processed after the conference.

PLEASE POST YOUR EXHIBITORS' REGISTRATION FEES NO LATER THAN APRIL 30, 2009 TO:

FIRN, 64 Holden Street, Worcester, MA 01605-3109, USA

TELEPHONE: (508) 852-3937, FAX: (508) 595-0089, EMAIL: hkan@firnweb.com

FIRN Web Site: <http://www.firnweb.com>