

REGISTRATION

Thursdays - April 15, 22 and 29, 2010

Card Number	Expiration Date	
Cardholder's Name		Signature
Credit Card Type (circle one):	Visa	MasterCard
	Detroit, M FAX: (313)	
	3075 F/AB, 656	6 West Kirby
, 0		e/Wayne State University
Payment: Check (made payable to: De mailed or faxed with your registration		stitute, Wayne State University), Visa or MasterCard and
		e, will be refunded if you cancel by March 25 th . our tuition to the Fall 2010 Institute program with a
materials. You may register by pho March 25, 2010 to secure a place.	ne or FAX; howe	tation to program sites, meals and background ver, full payment should be received by
Please indicate any special accommo	odations needed (e.g. handicap access, vegetarian meals, etc.).
FAX		E-Mail Address
Phone		Cellular Phone
City, State, Zip		
Address		
Institution		
Title		
Preferred name on name tag		
Name (Mr., Mrs. Ms., Dr., etc.)		
N (M M D ()		

Phone: (313) 577-0171 FAX: (313) 577-8800 Ann.Slawnik@wayne.edu www.doi.wayne.edu