

CONFERENCE REGISTRATION FEES

PUBLIC

Conference fees include two continental breakfasts, coffee breaks, luncheon and reception (Thursday, March 6), scheduled shuttle service between the Hofstra University campus and contracted hotels (Marriott, La Quinta Inn & Suites). Dinner on Wednesday, March 5 is additional. The Conference Registration Desk is located in the Rochelle and Irwin A. Lowenfeld Conference and Exhibition Hall, Joan and Donald E. Axinn Library, 10th floor, South Campus. It is open:

Wednesday, March 5, 8 a.m.-4 p.m • Thursday, March 6, 8 a.m.-3 p.m.

On-site registration will be available as space permits.
Hofstra University is 100 percent accessible to persons with disabilities.

	No. of persons	Amount
Registration	\$300 (both days) _____ \$175 (per day) _____	_____
Faculty and Staff of North Shore-LIJ Health System (include copy of valid ID)	\$200 (both days) _____ \$125 (per day) _____	_____
Academic Registrant (include copy of current school ID)	\$200 (both days) _____ \$125 (per day) _____	_____
Hofstra Alumnus/Alumna	\$200 (both days) _____ \$125 (per day) _____	_____
Senior Citizen (over 65) (include copy of valid ID)	\$100 (both days) _____ \$75 (per day) _____	_____
Matriculated Non-Hofstra Student (include copy of current student ID)	\$100 (both days) _____ \$75 (per day) _____	_____
Dinner (Wed., March 5) (conference registration not necessary)	\$50 _____	_____
Total		_____

HOFSTRA UNIVERSITY STUDENTS, FACULTY, ADMINISTRATORS, STAFF AND RETIREES

All events, with the exception of meals, are free to the Hofstra community upon presentation of a current HofstraCard. We strongly recommend that you register in advance. Unfortunately, free admission to conference events cannot be extended to family and friends of members of the Hofstra University community.

Room assignments will be listed in the final program, which will be available at the conference registration desk during the conference.

	Registration Fee	Waived
Wednesday, March 5 Dinner	\$50 _____	_____
Thursday, March 6 Luncheon	\$25 _____	_____
Total		_____

REGISTRATION FORM

Please return completed registration form
on or before **February 27, 2008**, to:
Stem Cell Conference
Hofstra Cultural Center
113 Hofstra University
Hempstead, NY 11549-1130

Name

Affiliation

Address

City State Zip

Telephone

Fax

E-mail

Method of Payment:

Check made payable to Stem Cell Conference

MasterCard* Amount: \$_____

Visa* Amount: \$_____

Cardholder Name (as it appears on credit card)

Card # Exp. Date

Cardholder's Signature

***Please add a \$3 handling fee for credit card orders.**

Cancellations: A \$25 handling fee will be deducted from registration refunds.

Returned Checks: A \$30 handling fee will be charged for returned checks.

I have made hotel reservations at:

- Long Island Marriott
- La Quinta Inn & Suites
- Red Roof Inn (no shuttle service available;
see concierge for taxi service)
- Hampton Inn (no shuttle service available;
see concierge for taxi service)

For additional information:

Hofstra Cultural Center
Phone: (516) 463-5669
Fax: (516) 463-4793
E-mail: hofculctr@hofstra.edu
Web site: law.hofstra.edu/stemcellconf