

Registration Form

Conferences for Innovative Designs of Clinical Trials And Related Topics

June 19-20, 2009

Attendee Information

First Name:		Last Name:	
Organization:		Division/Department:	
Position/Title:			
Street Address:			
City:	State:	Zip:	
Country:	Telephone:	Fax:	
Email address:			

TO REGISTER

Make checks payable to: **Stanford University**

Registration Fee \$70 for non-Stanford member \$70
(Fee includes Breakfasts and Lunches)

\$11 Parking permit (required only on 6/19/2009) \$11

Total:\$

Mail check for total amount and a completed Registration Form to:

Bonnie Chung, Conference Coordinator
Department of Health Research and Policy
HRP Redwood Building
Stanford University School of Medicine
Stanford, CA 94305-5405

Any questions? Contact: Bonnie Chung (650) 723-5301 or bchung@stanford.edu
Please email Bonnie Chung if you have any special requests.