

Application Deadline: September 1, 2008

**17th South Eastern Lipid Research Conference**  
**October 3-5, 2008 (arrive on October 2nd)**  
**Mountain Creek Inn, Callaway Gardens Resort, Pine Mountain, GA**

**Registration Information:**

Name:					<input type="checkbox"/> M <input type="checkbox"/> F
<i>Print or type:</i>	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Degree(s)</i>	<i>Gender</i>
Title:					
Affiliation:					
Name on Badge:					
Mailing Address:					
Email:					
Phone:					
	<i>Telephone Number</i>		<i>Fax Number</i>		

**Posters/Presentations:**

Attendees are encouraged to present a poster. <b>Would you like to present a poster?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be considered for a short oral presentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poster or Presentation Title:	

**Accommodations and fees:**

**Speakers:** Single rooms are provided for invited speakers and optional guest (pending successful fundraising).

**Attendees:** No room charge for attendees willing to share a room with another registered participant. Please provide name of preferred registered roommate (if no designation, roommate will be assigned by staff): \_\_\_\_\_. If you would like a private room, or wish to share a room with a non-participating guest, you will be charged a \$250 room fee (see below).

**Deposit/Registration Fee:** A \$50 payment is requested from all registrants. This will hold your room and be used to defray costs associated with breakfast and AM refreshments during the three-day conference. Deposits are refundable up to 30 days prior to the conference start date.

**Registration and Payment Instructions:** Complete this form and click the 'submit' button below. You will receive instructions for online payments if you wish to pay by credit card. Alternatively, you may mail your check (payable to *Emory University*) with a paper copy of this form, to the address below.

**Complete as required:**

Deposit/Registration Fee:		Ms. Lisa S. Harris Dept of Pathology (Lipid Sciences) Wake Forest University School of Medicine Medical Center Boulevard Winston-Salem, NC 27157
Single Room Fee (\$250):	+	
<b>TOTAL:</b>		

**Questions? Contact Lisa Harris**  
Email: [lharris@wfubmc.edu](mailto:lharris@wfubmc.edu) • Tel: 336-713-1599

**Note: Applications will be acknowledged via email within one week of receipt.**