Registration payment for Remote Access Workshop, Aug 4th, at Hauptman-Woodward Medical Research Institute

This form can be printed and mailed by July 26th to

Remote Access Workshop/Finance Department  
Hauptman-Woodward Medical Research Institute  
700 Ellicott Street  
Buffalo, NY 14203-1102

Name:  

Address:  

Phone/Fax:  

Email:  

Check (made payable to Hauptman-Woodward Institute)

Number of people attending workshop (who have registered electronically): ______

Names of those covered by this payment other than the name above:

________________________________________________________________________

________________________________________________________________________

Total: ______