

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: _____