Seventh International

MicroRNAs & Single Molecule Biology Europe-2012

Venue: Peterhouse College, University of Cambridge, Cambridge CB2 1RD, United Kingdom

November 1 - 2, 2012

REGISTRATION FORM

GeneExpression Systems, Inc. P.O. Box 540170, Waltham, MA 02454-0170 **USA** Tel: 781-891-8181; Fax: 781-730-0700 **OR** Fax: 781-891-8234; Email: Genexpsys@expressgenes.com; www.expressgenes.com

Register the following Industry delegate(s) for this conference: UK £805 or US \$1199 Register the following Academia/Government delegate(s): UK £480 or US \$699 Register the following PhD students: (fax a copy of your id) UK £288 or US \$399 REGISTRATION COSTS INCLUDES: Break refreshments for two days, but NOT Room accommodation, book separately Poster presentation (Abstract handling fee: Poster Size: W3 Ft x L4 Ft): UK £75 or US \$100 | LATE FEE: Registration Charges from Sept. 1 to Sept. 30: additional UK £ 62 or US \$80 additional UK £ 114 or US \$160 __ Registration Charges from Oct. 1 to Oct. 15: Registration Charges from Oct. 16 to Oct. 31: additional UK £ 165 or US \$240 additional UK £ 216 or US \$320 On site Registration: Cancellation policy: Substitutions are always welcome. Cancellations before 90days: 70% refund Cancellations before 60days 50% refund Cancellations before 30 days NO REFUNDS NOTE: Currency exchange into *Euros* \in will be converted using the US \$ values on that date OPTIONAL: A text (2007) from Cambridge University Press, on "MicroRNAs: From Basic Science to Disease Biology" Edited by K. Appasani, Forwarded by Victor Ambros and Nobel Laureate Sidney Altman Available for registered participants at an additional cost of \$99. Check if you need a copy US \$99.00 Name (print first, then last): Title/Designation: Company/Institution: Address: _____ City/State/Zip Code/Country: E-Mail: Phone: Fax: Payment Method: CHECKS CAN BE WRITTEN IN EITHER: US\$ or UK £ or Euros € and Check enclosed: Bill my company Mail to: PO Box: 540170, Waltham, MA 02454-0170, USA Charge my credit card: (check one) transactions will be processed in us dollar currency AmEx Visa [MasterCard Discover **Billing Address** (If different than the above) Card Number: _____ Security Code # (front/back on card):_____ Street:____ Expiration Date: Name (as shown on card): City/Country: Signature of the cardholder Zip Code: How did you hear about this meeting? Ad in Journal (circle): Science, Nature, Cell, New-Scientist, The Scientist, Genes & Dev, RNA, RNA Biology,

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