

University of Colorado Health Sciences Center

Department of Cellular and Structural Biology

Campus Box F-435
P.O. Box 6508
Aurora, Colorado 80045-0508

For Package Delivery Add:
13001 East 17th Place
Building 500, Room N-5201

Phone: (303) 724-0500

Fax: (303) 724-0911

Credit Card Payment Form

Fourth Visible Human Conference

October 17-19, 2002

Keystone, Colorado USA

Name: _____

Address: _____

Phone #: _____

Registration type:

_____ \$325: General Participant- Early registration by August 30, 2002

_____ \$350: General Participant- Regular registration after August 30, 2002

_____ \$200: Student Participant (Must include copy of student ID)

_____ \$100: Saturday only

_____ -\$100 Presenter Discount (Not valid for presenters attending Saturday only)

Total Due: _____

Please charge to my Visa or Mastercard (circle one).

Card #: _____ Exp. Date: _____

Name: _____

Authorized
Signature: _____

FAX Completed form to 303.724.0911 or mail to address above left.