

“Cell Therapy Bioprocessing”

Tuesday, February 8, 2011

11am ET-12:30pm ET

1. CONTACT INFORMATION	
Name:	_____
Department:	_____
Institution:	_____
Address:	_____
City:	_____ State/Province: _____ Zip: _____ Country: _____
Telephone:	_____ Fax: _____ Email: _____

2. WEBINAR REGISTRATION FEES	
ISCT Member	<input type="checkbox"/> FREE!
Non-Member	<input type="checkbox"/> \$49 USD

3. PAYMENT INFORMATION	
<input type="checkbox"/> Check Payment:	Checks should be made payable to: International Society for Cellular Therapy (in US funds drawn on a US or Canadian bank) Fed. Tax ID No.: 521809771
<input type="checkbox"/> Credit Card Payment	Total Payment Amount: _____
Card Type:	<input type="checkbox"/> MasterCard** <input type="checkbox"/> Visa** <input type="checkbox"/> American Express**
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<p>** Fees will be charged in USD, and will appear on your credit card statement as 'International Society for Cellular Therapy' in the currency of your credit card statement. Credit Card Payments may be faxed to the ISCT Head Office at 604.874.4378</p>	

***No refund for cancellations.

A registration confirmation will be sent by e-mail to each participant upon receipt of paid registration.

Please submit this Registration Form along with payment to:

ISCT Head Office
375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6 Canada

T : 604-874-4366
F : 604-874-4378
E : isct@celltherapysociety.org
www.celltherapysociety.org