

2nd Biennial International Precision Vaccines Conference

October 17 – 18, 2019

Joseph B. Martin Conference Center
Boston, Massachusetts



REGISTRATION FORM

Deadline to Register: Friday, September 13, 2019 (or until max occupancy)
(Please Print)

Today's date: _____

REGISTREE INFORMATION

Last name: _____ First: _____ MD PhD Other _____ Phone no.: () _____

Email address: _____ Position & Institution: _____

Street address: _____ City/State: _____ ZIP Code: _____ Country: _____

	Nonmember	Basic Member*	Premium Member*
Post-Doc/Trainee	<input type="checkbox"/> \$200 USD	<input type="checkbox"/> \$175 USD	<input type="checkbox"/> \$100 USD
Academic/Government/Non-Trainee	<input type="checkbox"/> \$350 USD	<input type="checkbox"/> \$300 USD	<input type="checkbox"/> \$175 USD
Industry	<input type="checkbox"/> \$750 USD	<input type="checkbox"/> \$450 USD	<input type="checkbox"/> \$250 USD
Attending: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Both Days (Fee covers both days)			

*Please see membership application for membership rates

CHECK INFORMATION

Please make checks out to Boston Children's Hospital in US Dollars (USD)
Checks are due by Friday, September 13, 2019

Please mail checks to: ATTN: Maria Crenshaw
Boston Children's Hospital
300 Longwood Ave, BCH 3104
Boston, MA 02115

CREDIT CARD INFORMATION

Will accept credit card information by phone. Please call Diana Vo at +1 617-919-6978

BCH FUNDS

Project ID/Fund _____ Bud. Ref. _____

Fund Approver signature (above) _____ *Date (above)* _____
Fund Approver Name: _____ *BCH ID #* _____

Submit registration form to PrecisionVaccinesProgram@childrens.harvard.edu

Signature of PVP personnel approving form: _____ Date: _____