

**2nd Biennial**  
**International Precision**  
**Vaccines Conference**

**October 17 – 18, 2019**

**Joseph B. Martin Conference Center**

**Boston, Massachusetts**



**CONFERENCE REGISTRATION FORM**

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

(Please Print)

Today's date:			
REGISTREE INFORMATION			
Last name:		First:	Phone no.: ( )
		<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____	
Email address:		Position & Institution:	
Street address:	City/State:	ZIP Code:	Country:
	Nonmember	Basic Member*	Premium Member**
<b>Post-Doc/Trainee</b>	<input type="checkbox"/> \$200 USD	<input type="checkbox"/> \$175 USD	<input type="checkbox"/> \$100 USD
<b>Academic/Government/Non-Trainee</b>	<input type="checkbox"/> \$350 USD	<input type="checkbox"/> \$300 USD	<input type="checkbox"/> \$175 USD
<b>Industry</b>	<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)			

\*Basic– FREE, quarterly newsletter

\*\*Premium – FEE, quarterly newsletter, 50% discount on future conference registration fee, access to speaker-approved *Precision Vaccines Conference* videos/slides  
 ~Please see membership form to join~

**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
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**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.
<hr/>	
<i>Fund Approver signature (above)</i>	<i>Date (above)</i>
<i>Fund Approver Name:</i>	<i>BCH ID #</i>

Submit registration form to [PrecisionVaccinesProgram@childrens.harvard.edu](mailto:PrecisionVaccinesProgram@childrens.harvard.edu)

Signature of PVP personnel approving form:	Date:
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**PRECISION VACCINES PROGRAM  
2018-2019 ANNUAL MEMBERSHIP APPLICATION**

COMPLETE FOR **U.S. BASED** MEMBERS ONLY  
(If not applicable, please see non-U.S. membership form)

**APPLICANT INFORMATION**

Last Name:	First Name:
Phone number:	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
Institution:	
Title:	
Email address:	

**MEMBERSHIP TIERS (VALID FOR 1 YEAR FROM APPROVAL DATE)**

	<b>BASIC*</b>	<b>PREMIUM**</b>
<b>Post-Doc/Trainee</b>	<input type="checkbox"/> Free	<input type="checkbox"/> \$50 USD
<b>Academic/Government/Non-trainee</b>	<input type="checkbox"/> Free	<input type="checkbox"/> \$100 USD
<b>Industry</b>	<input type="checkbox"/> Free	<input type="checkbox"/> \$150 USD

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Project ID/Fund	Bud. Ref.
<b>*BCH employees may not use federal funds to cover the cost of membership*</b>	
Fund Approver signature (above)	Date:
Fund Approver Name:	BCH ID #:

**SIGNATURES**

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
Signature of PVP personnel approving application:	Date:

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Projected 2019 Conference Registration Fees (subject to change)

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Industry	\$750 USD	\$450 USD	\$250 USD



Boston Children's Hospital  
4 Blackfan St. Room 837  
Boston, MA 02115  
Phone: 617-919-6978  
Email: [PrecisionVaccinesProgram@childrens.harvard.edu](mailto:PrecisionVaccinesProgram@childrens.harvard.edu)

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Last Revised 04/22/19