

**6th International Conference on
Unstable Microsatellites and Human Disease**

Buena Vista Lodge
Guanacaste, Costa Rica
January 17-22, 2009

Advance Registration Form

<p>Register Early! Capacity is limited* Early Registration Deadline is November 15, 2008 Complete all requested information. Abstract submission deadline November 30, 2008, under separate form.</p>
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*We expect this conference to fill up quickly. Preference will be given to early registrants and to registrants representing a wide distribution of labs. Accommodations are limited. Rooms will be assigned for shared occupancy. A limited number of rooms will be available for family occupancy.

Last Name: _____

First Name: _____

Middle Initial: _____

Institution/Co.: _____

Dept/Division: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

***Family Reservation
Request:** _____

**Registered Roommate
Preference:** _____

Registration Fees:	Early	Regular
	By November 15th, 2008	After November 15, 2008
	\$ 750 (shared occupancy)	\$ 850 (shared occupancy)

*There will be an additional \$150 fee for family occupancy and \$360/guest (including children) for food. Due to the space limitation family occupancy requests will be considered but it may not be possible to grant them all.

Fees are in US dollars and will be charged based on the date registration is accepted. Confirmation of registration will be sent.

*Registration will be closed when space is full. Abstracts submissions will be accepted for poster presentations up till November 30 and will be considered for competitive/selected Workshop Presentations. Abstract submissions are by a separate form.

Registration Fee Includes:

Hotel Accommodations

Airport Transportation to and from meeting site (Saturday and Thursday)

Welcome Cocktail

Coffee Breaks

Breakfasts

Lunches

Dinners

Banquet

Transportation to and from Closing Banquet

Registration Payment

Note: Payment by credit card only.

Registration will **not** be accepted without a valid credit card number. Receipts will be issued upon confirmation of payment.

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Cardholder's Phone
Number: _____

Cancellation and refund request must be made in writing (e-mail or fax) BEFORE December 12, 2008. A processing fee of \$150 will be charged for cancellations. No refund will be made for cancellations after the December 12th deadline.

Please fax to this secure fax number (612) 624-0614 or mail this form to the following address:

**Diane Arney
University of Minnesota
Genetics, Cell Biology and Development
6-160 Jackson Hall
321 Church St. SE
Minneapolis, MN 55455**

Please notify us via e-mail to dieth007@umn.edu once you have faxed or mailed your registration form.