

3rd Annual
STEM CELL
S U M M I T
New York • February 26, 2008



Hilton New York

PRESENTER'S REGISTRATION

Must be received by February 1, 2008.

Please complete a registration form for each company member attending. Registration fee includes all conference materials and meals, as well as an *Executive Summary: Stem Cell Market Forecast 2006-2016*.

Presenter's Name: _____

Title (including medical degree, if any): _____

Accompanying Attendee Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

Disability accommodations (specify): _____ Special dietary needs (specify): _____

Payment Options for Additional Attendees:

Credit Card: VISA MasterCard American Express Bill me

\$950 per attendee (not including presenter and 1 guest/assistant)

\$250 discount for paid *Orthopedics This Week* subscribers (* certain restrictions apply).

Please print your name as it appears on your credit card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Register by Mail: Mail a completed form (one for each attendee) with a check to RRY Publications Stem Cell Summit, 116 Ivywood Lane, Wayne, PA 19087. Fax registration form to: 610-260-6451. All fax registrations must be paid by credit card. For information, call 877-817-6450.

Cancellations and refunds (less a \$100 USD administration fee) will be issued if unable to attend, provided written notice is received via e-mail to charlie@ryortho.com or letter to RRY Publications by January 15, 2008.

No-shows will still be billed for the full registration fee as we are fulfilling our event obligations.

Please note that all refunds will be issued only after the meeting. No refunds will be made for cancellations received after January 15, 2008.

* contact suzanne@ryortho.com or jayme@ryortho.com for information on restrictions.

