

REGISTRATION



Working together for a cure

MARRIOTT LOS ANGELES AIRPORT HOTEL, CALIFORNIA

September 11-12, 2010

Making a Positive Impact on Quality of Life

ATTENDEE #1 – PRIMARY CONTACT

ATTENDEE #2

LAST NAME		LAST NAME	
FIRST NAME	[]Mr. []Mrs. []Ms. []Dr.	FIRST NAME	[]Mr. []Mrs. []Ms. []Dr.
ADDRESS		ADDRESS – if different	
CITY, ST, ZIP		CITY, ST, ZIP	
COUNTRY		COUNTRY	
EMAIL			
TELEPHONE			

Fees

Registration	Per Attendee	# of Attendees	Total \$ Amount
Early (thru May 31 st)	\$60		
Regular (thru Sept 9 th)	\$120		
On-site	\$150		
Saturday Dinner <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian	\$50		
Excursions			
<input type="checkbox"/> Hollywood Bowl, Sept 10	\$50		
<input type="checkbox"/> Queen Mary, Sept 12	\$50		
Donation to PCRI			
<input type="checkbox"/> Patron (\$1,000)	<input type="checkbox"/> Benefactor (\$500)		
<input type="checkbox"/> Supporter (\$250)	<input type="checkbox"/> Contributor (\$100)		
<input type="checkbox"/> Friend (\$50)	<input type="checkbox"/> Other _____		
Total			

How to Register

Mail completed registration along with your payment to PCRI, 5777 W. Century Blvd #800, Los Angeles, CA 90045

Or **Fax** completed registration along with credit card information to 310.743.2113

Or **Call in** your registration at telephone 310.743.2117

Or **online** at www.pcri.org

Donate to PCRI

Our continued existence and our ability to provide these quality conferences and other important educational materials are dependent on public support. We appreciate your generous gifts to PCRI.

Payment Information

Check enclosed made payable to PCRI

Credit Card Number _____ - _____ - _____ Sec. Code _____

Expiration Date _____ (MM/YY) Billing Zip _____

Cardholder Name _____ Signature _____