

**5th Annual National Symposium on Prostate Cancer and
RCMI Program Directors' Meeting**

Clark Atlanta University

**Thomas W. Cole, Jr., Research Center for Science and Technology
Atlanta, Georgia 30314**

Registration Form

1. **Title:** Dr. Mr. Ms. Mrs.

Faculty Staff Graduate Undergraduate Postdoc

[Check Here for Program Directors' Meeting](#)

2. Should your abstract be included in the poster competition? Yes No

If no, would you be interested in participating as a judge? Yes No

3. **Gender:** Male Female

4. **Major:** _____

5. **First Name:** _____ **MI:** _____ **Last Name:** _____

6. **Department:** _____

7. **Program Affiliation:** _____
(e.g., MBRS RISE, MBRS SCORE, RCMI, MARC U*STAR, etc.)

8. **Institution/Organization:** _____

Address: _____

Address 2: _____

City: _____ State/Province: _____

Postal Zone/Zip Code: _____ Country: _____

9. **Telephone:** _____ **Fax:** _____

10. **E-mail:** _____

Signature _____

Registration Fees	Early	Late and On-site
• Students and Trainees (Postdoctoral)	\$100	\$150
• Faculty	\$200	\$250
• Corporate	\$350	\$400
• CAU and AUC students*	Free	Free

Registration fee includes the abstract booklet, participation in all scientific sessions, and symposium meals.

***Registration is free for all CAU and AUC students however there is a \$25.00 fee for students to receive a complete registration packet of materials and to participate in symposium meals.**

Deadline for abstract submission and early registration is February 6, 2009.

Method of Payment

- **Payment must be made by check, money order, or cashier's check.**
- **Please remit payable to: CCRTD**

Mail registration form and payment to:

**CCRTD
Clark Atlanta University
P.O. Box 1872
223 James P. Brawley Drive, S.W.
Atlanta, Georgia 30314**

Prior to submitting the payment by mail, you may fax your signed registration form to:

**Ms. Priscilla Bakari
(404) 880-6756(fax)**