



**Fifth International Conference on
Bioaerosols Fungi, Bacteria,
Mycotoxins and Human Health**
September 10-12, 2003
Saratoga Springs, NY, USA

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Conference Registration Form

Please fax or sent the completed form to the conference secretariat (071703)

Name			
Organization			
Street			
City			
State, Postal Code			
Country			
Telephone #		Fax #	
E-Mail			

RATES		
<u>Category</u>	<input checked="" type="checkbox"/>	<u>USD (\$)</u>
Presenter of accepted abstract registration fee:		575.00
Conference participant		875.00
Student <small>(Enclose copy of student identification card)</small>		300.00
Accompanying person		200.00
Total Amount Payable (USD)		

Registration fee includes:

Conference Participant & Student:

Admission to all technical sessions; Continental breakfast on all conference days; Lunch on all conference days; Dinner on Wednesday; Reception on Thursday; All coffee/tea breaks

Accompanying person:

Continental breakfast on all conference days; Lunch on all conference days; Dinner on Wednesday; Reception on Thursday.

Payment Details: Registration payments can be made via credit card (VISA or MASTERCARD). All checks should be made payable to "FRG" and mailed to the conference secretariat. Checks should be in USD, drawn from a US bank; Please note that the merchant name reflected on your credit card bill will be "FRG"; Registration will only be confirmed upon receipt of payment.

Cancellation Policy: Refunds will only be made for cancellations made in writing, received by the secretariat on or before August 11, 2003; Refunds, if any, will be made after the conference and is subject to a cancellation charge of USD 150.00 per registrant; Any other refunds will be made at the sole discretion of the organizer of this conference.

Neither the Fungal Research Group Foundation or its employees shall be liable to the registered participant in contract, tort or otherwise except as expressly stated in the registration form.

Payment:

I agree with the above and authorize the conference organization to charge my credit card with the above noted amount payable to register for this conference or will include a check payable to FRG for the above-mentioned USD amount.

Credit Card	<input type="checkbox"/>	VISA	<input type="checkbox"/>	Master Card
Cardholders' name			Street # & ZIP of billing address credit card (if different from above)	
Card Number			Expiration Date (MM/YY)	
Date			(Cardholders') Signature	