

RDD 2012 REGISTRATION FORM

Please Print

First Name: _____ Last Name: _____

Title: _____ Job Title: _____

Company: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Fax: _____ Email: _____

Special Dietary Needs: _____

(Your email address will be used as your username for online access to RDD proceedings)

• **PLEASE CHECK TYPE OF REGISTRATION YOU REQUIRE:**

Early (Payment received by January 20, 2012, \$1895)

Regular and On-Site (\$1995)

Academic / Government (\$995)

Graduate Student / Postdoctoral Fellow (\$795)

(Attach letter from Dept. Chairman to certify status)

Daily Rate (\$795)

Please indicate day: Mon Tues Wed Thurs

• **Extra Banquet Tickets (___ tickets x \$125 / ticket = \$ _____)**

(One ticket is included with registration of all types except Daily Rate)

• **Wednesday's Optional Activities** (Check ONE. Add Fee to Total):

Hot Air Ballooning (\$280)

Four-Wheel-Drive Desert Tour (\$125)

ATV Desert Adventure (\$240)

Mountain Biking (\$145)

• **Preferred Option for Receipt of Proceedings:**

Print (includes one year of online access to RDD 2012 articles)

Electronic (includes one year of online access to RDD proceedings, 1988-2012)

• **One Year of Online Access to RDD Proceedings 1988-2012 (\$250)**

• **RDD: Essential Theory & Practice by Stephen Newman (\$175)**

TOTAL ENCLOSED \$ _____

METHOD OF PAYMENT: **Check** (Payable to RDD Online)

Credit Card: Visa MasterCard American Express

Please Print Legibly

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Date: ____ / ____ / ____

CSC Security Code (the last three numbers on the back of the credit card): _____

Billing Address: _____

**FAX OR MAIL COMPLETED FORM TO: Peter R. Byron, Ph.D., Respiratory Drug Delivery
Virginia Biotech Research Park, 800 East Leigh Street, Suite 10, Richmond, VA 23219, USA
Phone: (804) 827-1490 Fax: (804) 828-8277**