



March 11-13, 2018
Marriott Inner Harbor at Camden Yards
Baltimore, Maryland

WEC REGISTRATION FORM

Please print or type.

Name _____
(First Name) (Middle Initial) (Last/Family Name) Degree(s)

Institute/Company _____

Department _____

Address _____

City/State/Country/Postal Code _____

Telephone Numbers: Office _____ Cell _____

Fax Number _____ E-mail Address _____

Preliminary Schedule

Sunday, March 11 th	2:00-9:00 pm 4:45 pm 6:45-8:15 pm 7:00-9:00 pm	Registration Opening Session Poster Session I Reception/Exhibitors
Monday, March 12 th	7:15 am 7:15-8:15 am 8:30 am-6:00 pm 6:20-7:50 pm	Breakfast/Registration Trainee Session I Oral Presentations Poster Session II
Tuesday, March 12 th	7:15 am 7:15-8:15 am 8:30 am-5:20 pm 5:30-7:00 pm 8:00 p.m.	Breakfast/Registration Trainee Session II Oral Presentations Poster Session III Conference Dinner/Awards Presentations

Registration Fees (includes Welcome reception, meeting materials, breaks, conference dinner; additional fee for dinner guest)

Senior Investigators _____ \$375

Junior Investigators/Postdoctoral Fellows/Students _____ \$250

___ I will attend trainee session(s) ___ I will NOT attend trainee session(s)

Per Diem Registration Sunday-Tuesday _____ \$100

Tuesday including Dinner _____ \$150

Reception and Dinner

___ I will attend the Reception ___ I will not attend the Reception

___ I will attend the Dinner ___ I will not attend the Dinner Dinner Guest: ___ \$75

Total Amount Paid \$ _____

Make Check Payable To: Eicosanoid Research Association, Inc.

Mail Registration Form & Check to: Eicosanoid Research Association, Inc.
c/o Gail Anderson
2 Woods End Circle, Unit I
Peekskill, NY 10566

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