



March 15-17, 2020  
Renaissance Baltimore Harborplace Hotel  
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 <sup>th</sup>	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 <sup>th</sup>	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 <sup>th</sup>	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** \_\_\_\_\_ \$425

**Junior Investigators/Postdoctoral Fellows/Students** \_\_\_\_\_ \$275

\_\_\_ I will attend trainee session(s) \_\_\_ I will NOT attend trainee session(s)

**Per Diem Registration Sunday-Tuesday** \_\_\_\_\_ \$150

**Tuesday including Dinner** \_\_\_\_\_ \$200

**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:** \_\_\_ \$85

**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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