

By registering, I certify that I have been trained in the Responsible Conduct of Research at my Institution.

REGISTRATION FORM

The course is **limited to 100** participants

Name: _____
Last First Degree

Institution: _____

Position: _____

Mailing Address: _____

City | State | ZIP: _____

Email: _____ Tel #: _____

The personal information above may be shared with other course attendees: YES NO

Experience with Isotopic Tracers: _____

Topic(s) I wish to learn about: _____

Special Dietary or Accessibility needs: _____

REGISTRATION FEES

- Student / Post-Doc (\$400)
- Academic / Gov. Scientist (\$750)
- Industry Scientist (\$1,250)

Payable by personal, company or institutional check
ONLY by Monday October 13, 2014

Please Make Check Payable To:
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Ref.: **7th Annual MMPC Course**

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