



22nd Annual ISONG Conference Registration Form

October 16-19, 2009 • Catamaran Resort Hotel, San Diego, California USA

NAME BADGE INFORMATION:

First name: _____

Last name: _____

Degrees/credentials: _____

Position/Role: _____

Employer: _____

Employer City/State/Province: _____

CORRESPONDENCE ADDRESS: Home Work

Mailing address: _____

City: _____

State/Province: _____

Postal code: _____ Country: _____

Email: _____

Phone number: _____

Fax number: _____

MEAL PREFERENCE:

I need a vegetarian meal Yes No

For other dietary restrictions please contact ISONG headquarters no later than October 1 - isongHQ@msn.com.

PRIMARY POPULATION — Select one:

Prenatal Newborn Pediatrics Adults

Other _____

PRIMARY CLINICAL SPECIALTY — Select one:

General Genetics Oncology Cardiology

Women's Health Metabolics Neurology

Complex Disorders Geriatrics Psychiatry

Other _____

International Society of Nurses in Genetics

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Pittsburgh, Pennsylvania 15228 USA

Phone: +1 412-344-1414

Fax: +1 412-344-0599

Email: isongHQ@msn.com



Is this your first ISONG Conference? Yes No

I will attend the Poster Awards Reception Sunday, October 18 (no charge/fee) Yes No

I will attend the Conference Dinner Saturday, October 17 (\$60 per person) Yes No

Guests welcome - number of tickets@ \$60 _____

PRE-CONFERENCE WORKSHOPS:

Additional charge for each workshop:

\$75.00 each pre-conference • \$30.00 Full-time students

\$150.00 both pre-conferences • \$60.00 Full-time students

Friday, October 16, 8:00 AM-12:00 PM: Yes No
Applying Genomics In Clinical Practice

Friday, October 16, 1:00 PM-4:30 PM: Yes No
Curriculum Integration & Faculty Resources

PAYMENT:

Pre-Conference Workshop Fee(s).....\$ _____

Full Conference Registration Fee.....\$ _____

ISONG Member Non-Member

Full-Time Student

Non-Member, but joining now
(membership application also enclosed)

See fee schedule below

Conference Dinner Fee (\$60 per person).....\$ _____

Total Fee (all funds charged/payable in U.S. dollars)\$ _____

Personal check

Company/hospital check

MasterCard

VISA

Card #: _____

Please add CVV or CID number

Please enter 3-digit number from the back of your card immediately following the account number. This is required to process a card which is not physically present at ISONG headquarters.

Expiry date: _____ (month/year)

Signature: _____

RECEIVED Before Sept 1

After Sept 1

Conference:

ISONG active dues member.....\$375.00/£254.00\$425.00/£287.00

Podium or Poster Presenter\$375.00/£254.00\$425.00/£287.00

Non-member (joining now)\$500.00/£338.00\$550.00/£377.00
(includes membership fee)

Non-member\$500.00/£338.00\$550.00/£377.00

Full-time students\$125.00/£88.00\$150.00/£106.00
(with copy of University/Program ID card)

Currency conversion rates are approximate based on calculation at the time of printing. All funds charged/payable in US dollars.

All cancellations must be received in writing. A \$30.00 USD administrative fee will be deducted from cancellations received up to 72 hours in advance. After that time, no refunds can be made.