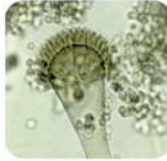


3rd ADVANCES AGAINST ASPERGILLOSIS

January 16-19, 2008

Miami Beach Resort & Spa
Miami Beach, Florida, USA

University of California, San Diego—School of Medicine



CONFERENCE REGISTRATION FORM

Name _____ Last _____ Title/Degree _____
(First Middle Initial)

Address _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____
(include country code)

Email _____ Specialty _____
(email address is required)

Special Needs _____

REGISTRATION FEES

	Dates	Regular Fees	Student/Trainee Fees*
Early	On or Before September 30, 2007	\$310	\$100
Standard	October 1, 2007 - December 2, 2007	\$385	\$125
Late	December 3, 2007 - January 6, 2008	\$475	\$150
On-site	January 16, 2008 - January 19, 2008	\$525	\$175

*A letter of verification from a Department Head is required to register at Student/Trainee rates. Please fax a letter to the fax number below.

CANCELLATION POLICY

If your registration must be cancelled, your fee, less \$50 for administrative costs, will be refunded upon receiving a written request. No refunds will be made after December 16, 2007. Please allow 6-8 weeks for refund.

DISCLAIMER

The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the congress be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate program changes. With registration, the participant accepts this proviso.

ROOM SHARING

The conference will offer the services of finding a same-sex room-mate for students and others on a small budget in order to share hotel costs. If you would like to share a room, please contact the CME office at (858) 534-3940. We will try to accommodate you.

PAYMENT

Please make all checks payable to **UC Regents** and mail to the address below. Checks must be in US dollars and drawn on a US bank.

Please charge \$ _____ (amount) to my _____Mastercard _____Visa _____American Express

Credit Card _____ Exp Date _____

Authorizing Signature _____

Register online at www.aaa2008.org or submit by fax or mail.

University of California, San Diego—School of Medicine
Continuing Medical Education
9500 Gilman Drive, MC0617
La Jolla, California 92093-0617

Toll Free: (888) 229-6263 Phone: (858) 534-3940
Fax: (858) 534-7672
E-mail: ocme@ucsd.edu Website: <http://cme.ucsd.edu>
Conference: www.AAA2008.org