

PREP 2010 Meeting Registration Form

May 9-12, 2010 ❖ Philadelphia, Pennsylvania, USA

First Name _____ LAST NAME _____

Company _____ Department _____

Address _____

City _____ State _____ Postal Code _____

Country _____

Telephone # _____ FAX # _____

E-MAIL _____

REGISTRATION FEE	Full Sun-Wed	Student* Sun-Wed	1-Day Monday	1-Day Tuesday	1-Day Wednesday	Sunday Training#	Total Payment
By: March 15, 2010	\$700	\$250	\$375	\$375	\$375	\$400 each	
By: April 30, 2010	\$725	\$250	\$400	\$400	\$400	\$425 each	
May 1 bring registration form and pay on-site	\$750	\$250	\$425	\$425	\$425	\$450 each if space available	Must register & pay on-site

#SUNDAY EDUCATIONAL TRAINING...space limited; must pre-register; no refunds; open to non-meeting attendees; one free workshop per student if space is available noting that paid participants receive priority consideration.

#	Duration	Sunday Educational Training/Workshops
<input type="checkbox"/>	8:30am-12:30pm	Preparative Chromatography for the Purification of Intermediates and API
<input type="checkbox"/>	1:30pm-5:30pm	Bringing Biomolecules to Market (and keeping them there)

*STUDENT registrants must attach to the Meeting Registration Form verification of your current full-time graduate or undergraduate, not postdoctoral, status at an academic institution by providing both a copy of your Student I.D and a letter from your department chairman on University stationery. One Sunday workshop is free to student symposium registrants if space is available noting that paid participants receive priority consideration and the student must pre-register to participate.

HOTEL RESERVATIONS...The meeting will be held in the Loews Philadelphia Hotel (Loews Privacy Policy located at loews.com). For reservations, please visit our web site at www.PREPsymposium.org to "plan your trip."

Payment Methods

Company Check enclosed payable to: PREP
(company check must be drawn on a U.S. bank and payable in U.S. dollars) Chromatography Inc. EIN # 62-1399693

Credit Card, please check: Visa MasterCard American Express

Name of Registrant _____

Credit Card # _____ Exp.Date _____

Name as printed on credit card _____

Signature of Cardholder _____

Cardholder, by signing this form, authorizes Barr Conferences to charge this credit card on behalf of the registrant named above

—Registration form and fee amount will be accepted only when accompanied by payment.

—Receipt will be sent to confirm registration only when payment is received.

—Registration form containing credit card information and cardholder signature may be emailed to janetbarr@aol.com.

—Refund Policy: Must cancel in writing on or before March 15, 2010 to receive a refund less a \$100 processing fee; no refunds after March 15.

—By submitting this form you authorize the PREP meeting to share your information with attendees, etc.

RETURN FORM & PAYMENT TO

Ms. Janet Cunningham, PREP Symposium Manager

BARR Enterprises, PO Box 8032, West Grove, PA 19390 USA

Street address ONLY for overnight deliveries: 116 Martha's Way, West Grove, PA 19390

Ph 301-668-6001 * janetbarr@aol.com * www.PREPsymposium.org