

**Grantsmanship Workshop for Research on
Chronic Fatigue Syndrome (CFS)**

September 17, 2007

Twinbrook Conference Center, Rockville, MD

Registration Form

New Registration Substitution or Change

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Full Name:		Suffix (Jr., III):
Badge Name:	Degree (Ph.D., M.D., etc.):	
Professional Title:		
PROFESSIONAL ADDRESS (Please spell out all acronyms.)		
Division:		
Department:		
Organization (or Agency):		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
E-Mail:		
HOTEL NEEDS		
<input type="checkbox"/> I will need hotel accommodations.	Check-in Date:	
<input type="checkbox"/> I will not need hotel accommodations.	Check-out Date:	
Credit Card Number:	Expiration Date:	
Bed Type Preference: <input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Beds	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking	
SPECIAL REQUIREMENTS		
Please list any special requirements or accommodations needed (e.g., wheelchair or dietary restrictions):		

Please return form no later than September 10, 2007 to: Attn: Fatou Sidibe
ESI
4350 East West Highway, Suite 1100
Bethesda, MD 20814
Phone: (240) 744-7047
Fax: (240) 744-7004/2005
E-Mail: fatous@esi-dc.com