

MID-AMERICA TOXICOLOGY COURSE

April 19 – April 24, 2009

Hotel Registration

Name _____

Company/Institution/Agency _____

Address: (Street or e-mail) _____

City/State/Zip _____

Telephone _____

Credit Card Information: (address above must match address on credit card)

Visa _____ MC _____ Discover _____ Other _____

Credit Card # _____ Date of Expiration _____

Desire reservation at the Marriott Country Club Plaza: Yes _____ No _____ Room for _____ person(s)

If yes: arrival date _____ arrival time _____

departure date _____ departure time _____

Name of person rooming with you _____

_____ Yes, I would like the Course Director to try to find another course registrant for me to share a room with.

Please mail the form to:

Curtis D. Klaassen, Ph.D.

Department of Pharmacology, Toxicology and Therapeutics

University of Kansas Medical Center

3901 Rainbow Blvd., MS 1018

Kansas City, Kansas 66160-7417

or fax or e-mail to:

Myrtle Sanders

913-588-7501

msanders@kumc.edu

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