

Registration Form *(please type or print)*

Registrations are limited and will be accepted in order of receipt. Check or authorization form must accompany application in order to obtain reservation. Refund in full will be made in case of cancellation before April 1, 2009.

Name _____

Title _____

Degree _____

Company/Institute/Agency _____

Address Zip _____

Telephone _____

Fax: _____

Email: _____

() check or () company/government authorization enclosed. **Make checks payable to:**

MidAmerica Toxicology Course

Course registration.....\$1499.00 _____

Casarett & Doull's Toxicology textbook:(2008 edition)
..... **\$115.00** _____

Total _____

Detach and mail along with check preferably before March 1, 2009 to:
Curtis D. Klaassen, Ph.D., Department of Pharmacology, University of Kansas Medical Center, 3901 Rainbow Blvd, MS 1018, Kansas City, KS 66160

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