

REGISTRATION FORM
A COMPREHENSIVE REVIEW IN CLINICAL
CYTOGENETICS

JUNE 25,26,27 1999, UTMDACC

PLEASE PRINT

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ NIGHT PHONE: _____

SOCIAL SECURITY NO.*: _____

*necessary for refunds and certification of attendance

REGISTRATION FEE

3-Day Course - \$275 Study Guide Only - \$250 Karyotype Workshop - \$25

Make checks or charges payable to: UTMDACC

Charge to ___ Visa ___ Mastercard Account # _____

Expiration Date _____

I authorized you to charge my account. **Signature** _____

Mail this form to: UTMDACC Program in Cytogenetic Technology
1515 Holcombe Blvd. / BOX 037 Houston, TX 77030-4009

OR

Fax form to: (713)745-3337 Attn: Vicki Hopwood