

# Protein Misfolding and Misprocessing in Disease

May 4-5, 2004

Doubletree Hotel  
Rockville, Maryland

## REGISTRATION FORM

Deadline: April 9, 2004

Please print or type. *One form per person.*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here for disability accommodations.

Please check here for special dietary needs.

Registration fee: \$75

### Payment Method:

Visa

Mastercard

Check (Payable to: *the Hill Group*)

Credit card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to (301) 897-9587 or mail with payment by *April 9, 2004*:

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