

ADDITIONAL MEETING OPTIONS

Wednesday, March 3, 2010

- Pre-conference Course \$245 Per Person \$_____

Thursday, March 4, 2010

- Meet the Mentors Luncheon (*open to the first 30 registrants*) \$35 Per Person \$_____
- Welcome Reception (*included in conference registration fee*) Yes, I plan to attend No, I do not plan to attend
- Guest/Spouse to the Welcome and Poster Reception \$60.00 Per Guest \$_____

Eighteenth Annual Dysphagia Research Society Meeting Registration Fee (*from above*) \$_____

Total \$_____

PAYMENT INFORMATION

Payment with Check/Bank Draft: Must be drawn on a US bank and payable to DRS

Payment with Credit Card: Charges will appear on your statement as paid to DRS

Method of Payment CHECK VISA MASTER CARD AMERICAN EXPRESS JCB

Credit Card #: _____ Exp. Date: _____
Please Print Clearly Please Print Clearly

Name as it appears on card: _____

*Billing Address _____

*City _____ *State _____ *Zip _____ *Country _____

Please fax this form to 713-960-0488 or return this form with your check or credit card information to:

Dysphagia Research Society
4550 Post Oak Place, Suite 342, Houston, Texas 77027

REGISTRATION DISCLAIMER

Registration Disclaimer: The Dysphagia Research Society and International Meeting Managers, Inc., as planners of this function claim no liability for the acts of any suppliers to this meeting nor the safety of any attendees while in transit to or from this event. The total amount of any liability during the precise hours of the meeting will be limited to a refund of the attendance fees. Your signature below acknowledges acceptance of this provision of registration.

Signature _____ Date _____



If you have any special needs, please contact DRS in writing at least two weeks before the meeting to ensure that your needs will be met.

Questions? Phone: 713-965-0566 • Email: drs@meetingmanagers.com