BIO BIOTECHNOLOGY INDUSTRY ORGANIZATION

# BIO VentureForum East 2005
## Intercontinental Hotel-Buckhead, Atlanta, Georgia
## May 9 - 11, 2005

**HOW TO REGISTER:**

1. Register Online at **www.bio.org**., or
2. Mail completed registration form with check payment to: BIO, c/o SunTrust Bank, PO Box 79532, Baltimore, MD 21279-0532, or
3. Fax completed registration form with credit card information to: 708-344-4444

**REGISTRATION INFORMATION**

*First Name _____ Middle Name/Initial _____

*Last Name _____

Credential [e.g., Ph.D] _____ Prefix [e.g., Mr, Ms, Prof, Hon, Rev] _____

*Job Title _____

*Parent Company/Organization _____

*Mailing Address _____ Suite # _____

*City _____ *State/Province _____ *Zip/Postal Code _____ *Country _____

*Phone Type: Office Direct, Main Office, Home, Cell _____ *Phone/Ext _____ Fax _____

*E-mail Address of Registrant _____ E-mail Address of Assistant _____

**Required fields. E-mail or fax number required to receive confirmation.*

**BIO MEMBER:** □ **Yes** □ **No**

**REGISTRATION FEES***

| | By April 25, 2005 | After April 25, 2005 |
|---|---|---|
| ❑ BIO Member (FM) | US $ 795.00 | US $ 995.00 |
| ❑ Non Member (FN) | US $ 995.00 | US $1,195.00 |
| ❑ Academic/Tech Transfer (FA) | US $ 295.00 | US $ 295.00 |
| **TOTAL** | US$_____ | US$_____ |

Registration fee includes access to all sessions, breakfasts, lunches and receptions.

**Members of the state associations co-hosting this conference may register at the BIO Member rate on the Web site only with a code number. Additional attendees from the same company may also register (on the Web site only) for a reduced rate, with a unique code number. Send e-mail to register@bio.org to request a registration code number. Rates for these registration categories and the list of state associations co-hosting this conference are available on the Web site, www.bio.org.*

**PAYMENT INFORMATION**

❑ Enclosed is Check #_____in the amount of US$_____
**Payable to: BIO** *(Please enclose copy of registration form and reference registrant's name on check stub).*

❑ Charge US $_____. to the following credit card: _____MC ____VISA ____AMEX

_____
Card Number Expiration Date (Month/Year)

_____
Card Holder's Name (Please Print) Signature

**CUSTOMER SERVICE**

E-MAIL: register@bio.org
PHONE: 202-962-6655

**ADA SPECIAL REQUEST**

❑ **(V) Visual Disability**_____**Please Specify**
❑ **(A) Audio Disability**_____**Please Specify**
❑ **(M) Mobile Disability** _____**Please Specity**

**REGISTRATION POLICY**

- Cancellation requests **must** be received in writing by April 25, 2005, to qualify for a refund. E-mail request to register@bio.org. A US$150.00 administration fee will be deducted for all approved cancellations received by April 25, 2005. Refunds will be processed after the conference.
- Changes to your registration record may be made by clicking on the url provided in your e-mail receipt/confirmation. Substitutions, name corrections or contact information changes will be allowed through this site or on-site up until your name badge is printed on-site.
- Photo ID (driver's license or passport) and business card required to pick up your conference credentials on-site.
- Your company must be a BIO member in good standing on or before May 11, 2005, to receive the BIO member rate.