

**15th International Colloquium on Lung and Airway Fibrosis
September 28-October 1, 2008**

REGISTRATION and FEES

VLAF08

Please type or print (duplicate this form for multiple registrations)

Name _____
(name as you wish it to appear on your badge)

Date-of-Birth _____
In lieu of SSN, your date-of-birth is required as a personal identifier for internal record keeping by this university

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Office) _____ (Fax) _____

E-mail _____

	Amount per person	Enter amount in appropriate space
Participant Registration Fee – includes River Creek/Cub Minisuite (nights of Sept 28, 29 & 30), all meals and meeting fees	\$500	
Adult Guest Registration (includes all meals) – List names of Guest(s)	\$200	
Child Guest Registration (children under 18 years of age) – List names of guest(s)	\$150	
Children 3 and under are free – please indicate how many under age 3		
Activities for afternoon of Tuesday, September 30		
Golf		
Maples	\$55	
Byrd	\$50	
Jones	\$65	
Birdwatching on Sunset Beach	No fee	
Deep Sea Fishing	\$39 adult \$34 child	
Wilmington Trip	No fee	
Grand Total Enclosed		

Arrival Date _____

Expected Arrival Time _____

Departure Date _____

Airport : _____ Wilmington International Airport (ILM)
 _____ Myrtle Beach International Airport (MYR)
 _____ Raleigh Durham International Airport (RDU)

Special Dietary Needs (circle one):

Vegetarian

Vegan

Kosher

Other _____

VLA08

The 15th International Colloquium on Lung and Airway Fibrosis

Name of Participant _____

Payment must accompany this registration form (no purchase order will be accepted)

Payor Company Individual

Check Enclosed (Payable to NC State University)

IDT(NC State University employees only) OUC # _____ Project (FAS) # _____

Please charge my credit card

American Express MasterCard VISA *Corporate Card* yes no

Card Number (*please be sure to list all numbers*)

Exp. Date _____ Total Amount to Charge \$ _____

Cardholder's Name (Please print name as it appears on card)

Cardholder's Signature (seal)

If you have special needs for the conference, please notify us by September 8. Please be sure to specify your needs (i.e., sign interpreter, Braille program, large print, mobility/accessibility).

Fax form to: 919.515.7614

or

Mail to:

Registration Coordinator
NC State University
Office of Professional Development
Box 7401
Raleigh, NC 27695-7401