

REGISTRATION FORM
Cell 2 Soul Conference
November 10 - 12, 2006 ♦ Williams College, Williamstown, MA

Please send your completed registration form with a check payable to "Kauai Foundation – Cell 2 Soul Conference" to:

Kauai Foundation – Cell 2 Soul Conference
c/o The Skin Clinic
12 Meadow Street
Williamstown, MA 01267

<u>TUITION FEE:</u>	<u>BEFORE OCTOBER 15</u>	<u>AFTER OCTOBER 15</u>
Physicians:	\$125	\$150
Nurses and Residents:	\$ 75	\$100
The Public:	Registration based on income level -- honor system	
Students:	Come as our guest	

CANCELLATION POLICY: A \$35 non-refundable fee is charged for cancellations before November 1. Thereafter no refunds can be given. All cancellations must be in writing.

REGISTRATION INFORMATION:

Date: _____ **Tuition fee enclosed: \$** _____

Full Name: _____

Title: _____

Affiliation: _____

Daytime Phone: _____ **Fax:** _____

Email Address: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Specialty or Profession (if non-MD): _____

Visitor information about Williamstown, including lodging options, can be obtained online at <http://www.williams.edu/home/visitors.php>

WE LOOK FORWARD TO HAVING YOU JOIN OUR "HAPPENING."

Conference details are available online at
<http://www.cell2soul.org>