

## REGISTRATION FORM

**For Registration, fill this form and send it by email to**  
**David.Eastwick@jefferson.edu**

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

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

email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Registration fee:** NONE

### MEAL CHOICE

**PLEASE MARK FOLLOWING (See "MEALS" page for details of the menu)**

**LUNCH: \$15.00, MIXER: \$10.00, DINNER: \$65.00**

**If you choose lunch, mixer and/or dinner, please send menu choice(s) together with checks to:**

David Eastwick, Department of Molecular Physiology & Biophysics,  
1020 Locust Street, Jefferson Medical College, Phila, PA 19107

**Payable in ADVANCE, as indicated, no later than September 27, 2013**

**Lunch: \$15.00**

No, I DO NOT NEED a boxed lunch

Yes, I would like to have a boxed lunch:

*WITH a choice of sandwich:*

Queen Village , Seasonal Vegetarian Hoagie , Old City , South Street , or  
Manayunk

*AND a salad choice:*

Potato salad , Cole Slaw , Torellini Pesto , or Green beans .

**Mixer: \$10.00**

No I WILL NOT attend the mixer

Yes, I would like to attend the mixer

**Dinner: \$65.00**

**No, I DO NOT NEED DINNER**

**Yes, I would like to have dinner**

***A choice of Starter:***

**Spring salad , or Caesar salad ,**

***A Main course choice:***

**Vegetable lasagna , Roasted prime rib , or Chilean sea bass ,**

**AND a dessert:**

**Strawberry shortcake , Chocolate Marquis , or Lemon raspberry .**