



Meso Foundation Symposium  
 March 7- 8, 2013  
 Registration Form

Please complete one registration form per attendee. You may also register online at [www.curemeso.org/symposium](http://www.curemeso.org/symposium).

<b>Name</b>	<b>Company</b>
<b>Address</b>	<b>City/State/ZIP</b>
<b>Country</b>	<b>Phone</b>
<b>Email</b>	<b>How did you hear about the Symposium?</b>

Are you a:  Patient  Caregiver  Bereaved

I am a patient and am willing to be recognized. I was diagnosed in (insert year) \_\_\_\_\_

I am a Meso Foundation volunteer. My achievements include \_\_\_\_\_

I have lost a loved one to meso and would like them to be honored in the Celebration of Life Memorial Ceremony (please include telephone number and email address in the section above, so we can contact you).

**Your Preferences**

Meal:  Regular  Vegetarian  Kosher

**Mark below the category that applies to you:**  
**NOTE:** The cost of the Symposium registration includes 2 breakfasts, 2 lunches, 2 receptions, 1 gala dinner, 1 break and all conference materials. **Please note that patients may be eligible for scholarships.** Contact the Meso Foundation to learn more.

	<b>By Feb. 6</b>	<b>After Feb. 6</b>
<input type="checkbox"/> Patient • Caregiver • Family Member • Bereaved	\$250	\$275
<input type="checkbox"/> Child (8 to 18 years old)	\$75	\$75
<input type="checkbox"/> Medical/Academic/Scientific • Government • Nonprofit	\$450	\$550
<input type="checkbox"/> Gala Dinner ONLY	\$100	\$100
<input type="checkbox"/> Other Professionals/Legal (please contact the Meso Foundation at (703) 879-3797 to register for this category)		

To purchase a table during the gala dinner on Friday, March 8, please contact the Meso Foundation at (703) 879-3797.

**CANCELLATIONS**  
 All cancellations due to patient medical needs will receive a full refund at any point.  
 Other cancellations will receive a full refund of the conference fee if made prior to February 28, 2013.

**PHOTO/VIDEO WAIVER**  
 By registering for the conference you agree to have video footage / photos of you taken and used in Meso Foundation's print and online marketing materials.

**PAYMENT**

Credit Card (Visa, Master Card, American Express, Discover)  Check (Please make checks payable to the Meso Foundation)

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV Code (security code) \_\_\_\_\_

Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

Please include billing address, if different from above \_\_\_\_\_

<p><b>Please mail registration form and payment to:</b>          Mesothelioma Applied Research Foundation          1317 King Street          Alexandria, VA 22314          Fax: (703) 299-0399 (credit card payments only)</p>	<p><b><u>REMINDER</u></b>          To obtain discounted hotel rates, you must reserve your room directly with the Aria Resort by February 6, 2013. You can do so by calling the hotel at (702) 590-7111.</p>
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If you have any questions or need help filling out this form, contact the Meso Foundation at (877) 363-6376.