

CHIRALITY 2009 MEETING REGISTRATION FORM

July 12-15, 2009 ❖ Breckenridge, Colorado, USA

First Name _____ LAST NAME _____

Company _____ Department/Mail Stop _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone # _____

Fax # _____

E-Mail _____

REGISTRATION FEE	Full	Student*	One-Day†	Sunday Short Courses#	Tuesday Banquet	Total Payment
By: July 1, 2009	\$725	\$250	\$400	\$150 each	\$75	_____
July 2 bring registration form and pay on-site	\$750	\$250	\$425	\$200 each if space available	\$85	Must register & pay on-site

†ONLY ONE-DAY registrants indicate day: Monday/ Tuesday/ Wednesday

*STUDENT registrants must attach to the Meeting Registration Form verification of your current full-time graduate, undergraduate or post-doctoral, status at an academic institution by providing both a copy of your Student I.D and a letter from your department chairman on University stationery.

#SUNDAY SHORT COURSES: space limited; must pre-register; half price for academic/student registrants; open to non-meeting attendees; no refunds.

#	Duration	Sunday Educational Training / Short Courses
<input type="checkbox"/>	8:30am – 12 noon (parallel)	Course 1: Chiroptical Spectroscopy of Pharmaceuticals and Biomolecules <i>Instructors: Prof. Prasad Polavarapu and Prof. Nina Berova</i>
<input type="checkbox"/>	8:30am – 12 noon (parallel)	Course 2: Introduction to Chiral Separations <i>Instructor: Prof. Daniel Armstrong</i>
<input type="checkbox"/>	1:00pm – 4:30 pm (parallel)	Course 3: Supramolecular Stereochemistry in Liquid Crystals <i>Instructor: Prof. David Walba</i>
<input type="checkbox"/>	1:00pm – 4:30 pm (parallel)	Course 4: Preparative Chiral Separations <i>Instructor: Dr. Christopher Welch</i>

Payment Methods

Company Check enclosed payable to: CHIRALITY

(Company check must be drawn on a U.S. bank and payable in U.S. dollars)

Credit Card, please check: Visa MasterCard American Express

Name of Registrant _____

Credit Card # _____ Exp.Date _____

Name as printed on credit card _____

Signature _____

Cardholder, by signing this form, authorizes Barr Conferences to charge this credit card on behalf of the registrant named above

—Registration form will be accepted only when accompanied by payment.

—Receipt will be sent to confirm registration only when payment is received.

—Registration form containing credit card information and cardholder signature may be emailed to janetbarr@aol.com or faxed to 301-668-4312.

—Refund Policy: Must cancel in writing on or before April 1, 2009 to receive a refund less a \$100 processing fee; no refunds after April 1.

—By submitting this form you authorize the Chirality 2009 meeting to share your information with attendees, etc.

RETURN FORM & PAYMENT TO

Ms. Janet Cunningham, Chirality Symposium Manager
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janetbarr@aol.com
www.chirality2009.org