



NYSTEM 2013
May 22 & 23, 2013
CUNY Graduate Center
365 Fifth Avenue
New York, New York

Registration Form

First Name, Last Name

Degree(s), Title

Organization

Address

City

State

Zip Code

Telephone

Fax

Email Address*

***Note:** an email address is required for confirmation.

Prospective attendees should register by April 11, 2013 to avoid incurring a late fee. Payment should accompany registration. Please check the appropriate box below.

Registration Fees with payment received on or before April 11, 2013

after April 11, 2013

Full Registration:	\$325	\$425
Postdoc/Student Registration:	\$200	\$300

*** Please note there is an \$80.00 non-refundable fee for cancellations**

Payment Information

☐ Check # _____ made payable to Health Research, Inc.

☐ Money Order

Send this form along with your check (made payable to Health Research, Inc.) or money order to:
NYSTEM 2013 Registration
Wadsworth Center, Room C-345
NYS Dept. of Health
Empire State Plaza
PO Box 509
Albany, NY 12201-0509

For any questions, please call Lakia Rucker at (518) 473-1394 or email stemmtg@wadsworth.org