



**NYSTEM 2014**  
**May 29 & 30, 2014**  
**The Rockefeller University**  
**Carson Family Auditorium**  
**1230 York Avenue**  
**New York, New York**



## Registration Form

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First Name, Last Name

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Degree(s), Title

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Organization

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Address

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City

State

Zip Code

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Telephone

Fax

Email Address\*

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

Prospective attendees should register by April 11, 2014 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, 2014

after April 11, 2014

|                               |       |       |
|-------------------------------|-------|-------|
| Full Registration:            | \$325 | \$425 |
| Postdoc/Student Registration: | \$225 | \$325 |

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

### Payment Information

Check # \_\_\_\_\_ made payable to Health Research, Inc.

Money Order

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Send this form along with your check (made payable to Health Research, Inc.) or money order to:

NYSTEM 2014 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 Lokia Rucker at (518) 473-1394 or email [stemmtg@wadsworth.org](mailto:stemmtg@wadsworth.org)