

NYSTEM 2015
May 14 & 15, 2015
The Rockefeller University
Carson Family Auditorium
1230 York 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.

Payment should accompany registration. Please check the appropriate box below.

Registration Fees with payment received on or before April 10, 2015

after April 10, 2015

Full Registration:	\$250	\$350
Postdoc/Student Registration:	\$150	\$250

*** 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 2015 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 (518) 473-1394 or email stemmtg@health.ny.gov