



Student Reduced Registration
November 7-8, 2007
Pinehurst Resort
Pinehurst, North Carolina

PARTICIPANT Information

Title: Mr Ms Mrs Dr Prof

First Name: _____ Middle Initial: _____

Last Name: _____

University/College Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Foreign Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Conference Events

The following information is for space planning purposes only.

I plan to attend the following events:

Wednesday, 11/7/07 - Opening Luncheon

Wednesday, 11/7/07 - Gala Reception

Thursday, 11/8/07 – Closing Luncheon

Golf Information: If registering for the CEO and Investor Golf Outing on November 7, please provide your handicap - _____

Dietary Information

Vegetarian Diet: Yes No

Other Special Dietary Needs:

Registration Information (All prices are in U.S. dollars. Forms without payment will not be processed.)

Payment of the Delegate Conference Registration Fee includes the following:

- Entrance into all sessions
- All official Conference materials
- Refreshment Breaks – November 7 – 8, 2007
- Lunch – November 7 – 8, 2007
- Gala Reception – November 7, 2007

Student Reduced Registration

Student Reduced Registration Fee \$200

Extra Event

- CEO and Investor Golf Outing \$239
- Golf Outing Caddie Fee \$45
- Golf Outing ForeCaddie Fee \$23

Total Registration = US\$ _____

Payment Details

- Payment can only be made by one of the options below.
- Registrations will not be acknowledged without payment details.
- Any receipts will be mailed to the address given in "Participant Information" section.

Check or Bankers Draft Check Number: _____

(Make checks payable to Informed Horizons and clearly state the Attendee's name on the check. The amount of the check must match the Total Due to Confirm Registration (see below).

Credit Card – Please ensure the cardholder has authorized payment and signs below

Please note: The registration fee and 1-night's deposit will show as a charge from Informed Horizons.

Payment Details – Credit Card Information

American Express Visa MasterCard

Card Number _____ Expiration Date: _____

Billing Address _____

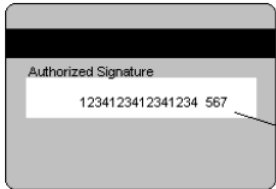
(if different than 1st page) _____

Postal Code _____

Cardholder's Name _____

Card Security Code* _____

*The card security code (CSC) is usually a 3 - or 4 - digit number, which is not part of the credit card number. The CSC is typically printed on the back of a credit card (usually in the signature field). On some cards, all or part of the credit card number appears before the CSC, for example, 1234 567. In this example, 1234 are the last four digits of the credit card number, and 567 is the CSC.



The CSC is 567.



Card ID#

Total Due to Confirm Registration

US\$ _____

Cardholder's signature: _____

Please note that cancellation of registrations postmarked on or before August 27, 2007 will incur a \$50 administration fee.

Cancellation of registrations received after August 27, 2007 and on or before October 5, 2007 incurs a fee equivalent to 50% of the registration payment.

No refund will be issued for registrations canceled after October 5, 2007.

I have read and agree to the cancellation policies outlined above.

Signature: _____

Forward registration materials to:

Conference Secretariat, Southeastern BIO Investor Forum
1631 Phoenix Boulevard, Suite 4, College Park GA 30349 USA
Phone: +1 770 997 2484
Fax: +1 770 997 2488