



REGISTRATION FORM

Ninth Annual

Center for Neuroendocrine Studies
Symposium

Food Intake: A Balancing Act

University of Massachusetts, Amherst

October 6, 2006

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____
EMAIL: _____

	Registration	Banquet (Optional)	Total
Students & Postdocs	\$25 <input type="checkbox"/>	\$20 <input type="checkbox"/>	_____
Faculty	\$50 <input type="checkbox"/>	\$25 <input type="checkbox"/>	_____

- *Please make checks payable to "University of Massachusetts, Amherst"*

Choice of Banquet Entrée: Chicken Dish Vegetarian Dish

Student/Postdoc/Laboratory Poster Session:

If you or your research group plans to present a poster, please provide the following information:

Authors: _____

Poster Title: _____

Please send registration by **September 29, 2006** to:

(Please contact CNS for by email for late registrations)

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