## **Registration Form**

Last Name	First Name	Middle Initial
Title		
Title		
E-mail address	Affiliation	n
Address (No. and Street	or Box No.)	
City	State	Zip Code
Phone	Fax	

## Mail registration and voluntary contribution to:

Veterans Affairs Medical Center, Ethics Program ATTN: Evelyne Shuster Veterans Affairs Medical Center University and Woodland Avenues, Philadelphia, PA 19104

For questions, or for late registration, call Evelyne Shuster at (212)-823-4206

<sup>\*</sup>There is no fee for attending the conference, but a voluntary contribution of \$50 would be greatly appreciated. Advance registration is encouraged.