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Name: \_\_\_\_\_ First Meeting?    Y    N  
Title: \_\_\_\_\_ CPM:            Y    N  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address: \_\_\_\_\_

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**Conference Registration cancellations must be received in writing (via e-mail or fax) by  
Sept 30, 2004 to be eligible for any refund on registration fees.**