

Biotechnology Professional Development and Advancement
Intro to BioPharmaceutical Manufacturing
Registration Form

Name _____

Company _____

Mailing Address _____

Phone _____ Email _____

I will attend the following:

Lecture/Workshop – Registration fee: \$2200

- Tuesday-Thursday, June 12-14, 2012**
- Tuesday-Thursday, August 7-9, 2012**

Contact: Bruce Birch **Phone:** 401-277-5097 **Fax:** 401-277-5060 (preferred) / **Email:** bruce_birch@mail.uri.edu

The lectures will be held at the URI Feinstein Providence Campus, 80 Washington Street, Providence, RI. Parking will be provided at the RI Convention Center Garage.

Program access will be provided for persons with disabilities. Participants with disabilities who require special accommodations should indicate so on their registration form (check here) or call Bruce Birch in the Special Programs Office (401-277-5097) at least three days in advance. For TTY assistance, please call RI Relay Service at 1-800-745-5555.

Make check payable to:
URI Special Programs Office
80 Washington Street, Providence, RI 02903

Credit Card # _____

VISA MC Discover Expiration Date: _____

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