

On Demand Webcast Order Form

Metabolites Data as a Requisite for Regulatory Submissions Recorded at the 2008 Annual Meeting in Atlanta

Please print, complete, and FAX or mail this form to address shown below
You will receive URLs, username and password via e-mail

Name: _____ AAPS member number: _____

Organization: _____

Address: _____

City – State – Zip: _____

Daytime phone: _____

E-mail address (Please print very clearly): _____

Webcast Fees:

AAPS Members:	\$75
Non-members:	\$112
Students/Post Docs:	\$10
Attendees at this short course:	No Charge

Total amount submitted: \$_____

Payment Information

Payment by check: Check # _____ (Payable to AAPS in U.S. dollars, drawn on a U.S. bank)

Please charge my: Visa MasterCard American Express Discover

Card number: _____ Expiration date: _____

Cardholder name: (Print) _____ Signature _____

Please FAX or mail this form to:
AAPS Meetings and Expositions Department – ATTN: eLearning
2107 Wilson Blvd, Suite 700, Arlington, VA 22201
FAX: (703) 243-9650