

2011 Dartmouth CO-OP Annual Meeting

Courtyard by Marriott

Lebanon, NH - May 6-7, 2011

REGISTRATION

First Name _____ Last Name _____ Degree _____

Title/Department _____

Organization _____

Street _____

City _____ State _____ Zip _____

Phone: _____ FAX: _____

Email _____

MEETING EXPENSES/RATES

Registration Meeting Fee*\$ 25.00
(includes Fri. PM buffet, Sat. breakfast-AM break- lunch-PM break)

Guest meals\$ 25.00

Subsidized Lodging at Courtyard by Marriott.....\$ 109/night

* Medical Student and Resident registration fee covered by CO-OP Project.

Please mail registration form to address below,

or

FAX to 603.653.3494

Make checks payable to "The Dartmouth CO-OP Project".
Questions? Email: Deborah.J.Johnson@Dartmouth.EDU or
Call 603/653-3440.

For hotel reservations, we must have your information
NO later than Friday, April 22nd.

2011 Dartmouth CO-OP Annual Meeting Two Day Co-Op →

Please list the Name(s) that apply to the following categories for this registration:

COOP Annual Meeting Attendees:

1. _____
2. _____

Adult Guest Attendees:

1. _____
2. _____

Registration Fee:	_____	x \$ 25.00	=	_____
Guest:	_____	x \$ 25.00	=	_____
Friday Night Hotel:	_____	x \$109.00	=	_____
Saturday Night Hotel:	_____	x \$109.00	=	_____
Total cost due to CO-OP:				_____

Please make check payable and mail to:

The Dartmouth CO-OP Project

AND please send to:

Dartmouth Medical School

HB 7250

Hanover, NH 03755

OR

FAX both sides of the form to:

603/653.3494