Conference Registration Form
9th Midwest Tissue Engineering Consortium
April 16-17, 2010
Case Western Reserve University
Cleveland, Ohio

Please Complete the Following Information

Name______________________________________Title_______________________________

Affiliation______________________________________________________________________

Address_______________________________________________________________________

City ______________________________________ State _________ Zip Code______________

Telephone (_______)________________________ Fax (_______)________________________

*Email _______________________________________________________________________
*Registration cannot be processed without a valid email address.

Please indicate if you have any special needs that require attention such as dietary
restrictions, allergies, or disabilities: _______________________________

Registration Fee
Early Registration Deadline is March 15, 2010

<table>
<thead>
<tr>
<th>Student and Fellows</th>
<th>Faculty</th>
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<tbody>
<tr>
<td>Early Registration</td>
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<tr>
<td>$100</td>
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Payment Information

By Credit Card:  Mastercard       Visa       American Express

Amount $______________ Card Number ___________________________________________

Exp Date _________________________________ 3 Digit Security Code_________________

Billing Address _________________________________________________________________

City ______________________________________ State _________ Zip Code _____________

Name (As It Appears on Card) _________________________________________________

Signature _________________________________________________________________
By Check:

If paying by check:

- Please make check(s) payable in U.S. funds drawn on a U.S. bank, and attach to the registration form.
- Please make checks payable to **M-TEC 2010**.
- Mail Check and Registration Form to:

  Jim Dennis, Assistant Professor
  Dept of Orthopaedics, 6th Floor Hanna
  11100 Euclid Ave.
  Cleveland, OH  44106-5043

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Return Your Registration Via Fax: 216-368-1332

Inquiries: mtec-cleveland@case.edu

PLEASE NOTE:  This is the conference registration form ONLY.  In addition, you will need to make your own hotel reservations.  Recommended hotels for the conference include:

  **Intercontinental Suites Hotel**
  8800 Euclid Avenue
  Cleveland, OH 44106
  216-707-4300

  **The Glidden House**
  1901 Ford Dr.
  Cleveland, OH
  866-812-4537