

Registration Form

Paid Exhibitor Personnel Exposition Only

Controlled Release Society • 36th Annual Meeting & Exposition
July 18-22, 2009 • Bella Center • Copenhagen, Denmark

Register online at <http://controlledreleasesociety.org/meeting>

Advance Registration Deadline—May 4, 2009

Complete the following information. Please print clearly to ensure correct spelling on name badge.

Information below is New Address Alternate Address

Registrant is Male Female

Mr. Mrs. Ms. Dr. Professor

First Name _____ Middle Initial _____

Last/Surname _____

Name Preferred on Badge (first name only) _____

Job Title _____

Date of Birth (new members only) _____
Month Day Year

Information below is New Address Alternate Address

Employer/Company/Institution _____

Company Address _____
Street

_____ *City State/Province*

_____ *Zip/Postal Code Country*

Daytime Telephone _____

Facsimile _____

E-mail _____

Primary Track of Interest

- Veterinary
- Consumer & Diversified Products
- Bioactive Materials

Work Category

- Academic
- Government
- Industry
- Media
- Other _____

Volunteer Opportunities

- Please send information on volunteer opportunities.

Special Accommodations

- Check here if you require special meals or accommodations to fully participate in this meeting. Please be specific:

Mailings

- Do NOT include my information in rented mailing lists.
- Do NOT include my information in membership directories.

Cancellation/Refund Policy

Registration cancellations must be made in writing and be received by CRS no later than May 25, 2009. Cancellations received by this date are subject to a \$100 processing fee; ticketed events will be fully refunded. Registration and ticketed event cancellations received after May 25, 2009, are NOT subject to a refund.

Register by any of these methods

Internet:

www.controlledreleasesociety.org/meeting

Fax: +1.651.454.0766

(Faxed forms must include credit card information to be processed)

Mail: CRS Meeting Registration
3340 Pilot Knob Rd
St. Paul, MN 55121 U.S.A.
Phone: +1.651.454.7250

Must complete reverse side to register.

Registration Fees

Registrations postmarked or faxed by date listed will be charged appropriate fee.

Registration Classifications*	Early By May 4, 2009	Regular/Onsite After May 4, 2009	Amount
Member	\$785	\$985	_____
Student/Post-doc Member	\$255	\$345	_____
Meeting + Membership			_____
Registration + Regular Member	\$928	\$1,128	_____
Registration + Post-doc Member	\$289	\$379	_____
Nonmember	\$1,175		_____
Student Post-doc Nonmember	\$330	\$420	_____
Exhibitor	\$725	\$925	_____
Sunday Full Day	\$700	\$750	_____
Single Day	\$625	\$675	_____

Paid Exhibitor Personnel Exposition Only
Registration \$275
Tickets must be purchased for any meeting events.

Educational Workshop—Select One

One-day Workshop (July 18, 2009)

1. RNA Interference Biology and Therapeutics

Regular	\$485	\$585	_____
Student/Post-doc	\$185	\$235	_____

Two-day Workshops (July 18 and 19, 2009)

2. Imaging in Drug Development

Regular	\$630	\$730	_____
Student/Post-doc	\$235	\$285	_____

3. *In Vivo* Dissolution—Is It a Reality? Can It Be Correlated to *In Vitro* or *In Silico* Dissolution?

Regular	\$630	\$730	_____
Student/Post-doc	\$235	\$285	_____

4. Micro and Nano Encapsulation

Regular	\$630	\$730	_____
Student/Post-doc	\$235	\$285	_____

Young Scientist Events—Free to students, post-docs, and/or scientists under 40 years of age or new to the area of controlled release within the past 5 years.

5. Saturday Young Scientists Workshop
6. Sunday Young Scientists Workshop
7. Tuesday Young Scientists Get Up; Get Educated!
8. Wednesday Young Scientists Get Up; Get Educated!

Additional Tickets

	Quantity	Amount
9. Extra Opening Reception Ticket	_____	\$75
10. Closing Reception/Banquet - Beef Entree	_____	\$170
11. Closing Reception/Banquet - Vegetarian Entree	_____	\$170
12. Additional <i>Transactions</i> CD (one CD included with registration)	_____	\$115

Travel Grant Contribution

Contribution to support graduate student travel for meeting.
 Contributions of \$25 or more receive print acknowledgments.

Contribution _____

Joseph R. Robinson Scholarship Fund

Contribution to help support a graduate student studying the science of delivery of bioactives.
 Donations of \$100 or more receive print acknowledgments.

Contribution _____

Total _____

* **Member/Nonmember/Student or Post-doc Member or Nonmember/Meeting + Membership/Exhibitor** fees include the Tablet Manufacturing Roundtable, Releasing Technology Workshops, Soapbox Sessions, Nanomedicines Roundtable, Young Scientist events, State-of-the-Industry Session, Partnering Sessions, Pearls of Wisdom Sessions, Highlights of Student Posters Session, First Timers'/Members' Meeting, Opening Exposition and Reception, Exposition, Podium and Poster Scientific Sessions, and one complimentary copy of the *Transactions* CD. Tickets must be purchased for an educational workshop and for the Closing Reception/Banquet (\$170). Student or Post-doc Nonmembers and Exhibitors must register by fax or mail.

Sunday Full Day fee includes the Tablet Manufacturing Roundtable, Young Scientist Workshop, Releasing Technology Workshops, Soapbox Sessions, Nanomedicines Roundtable, Young Scientist Roundtable, State-of-the-Industry Session, Partnering Sessions, Pearls of Wisdom Sessions, Highlights of Student Posters Session, First Timers'/Members' Meeting, Opening Exposition and Reception, and one complimentary copy of the *Transactions* CD. Sunday Full Day registrants must register by fax or mail.

Single Day (Monday/Tuesday/Wednesday) fee includes access to the Scientific Sessions and Exposition and a complimentary copy of the *Transactions* CD. Tickets must be purchased for the Closing Reception/Banquet (\$170). Single Day registrants must register by fax or mail.

Educational Workshop fee includes a notebook, lunch on Saturday, and morning and afternoon breaks.

** Student or Post-doc Nonmembers must have a faculty member sign to qualify for the Student or Post-doc Nonmember rate.

 Advisor Name

 Advisor E-mail

*** Each exhibiting company is entitled to a specified number of complimentary annual meeting registrations. See the exhibit details on the website for more information.

Payment Information

Check enclosed, payable to CRS (U.S. funds only drawn from a U.S. bank)

Charge: VISA American Express MasterCard

Card No. _____

Expiration Date ____/____/____

Cardholder Name (please print) _____

Cardholder Signature _____