



Clinical Osteoporosis 2010: *An ISCD-NOF Symposium*

Special Event Registration Form

Special Event: Buckhorn Museum - Dinner/Drinks/Networking

Thursday, March 11, 7:30 p.m. - 10:30 p.m.

\$75 per individual Number of Tickets _____ Total \$ _____

To Register for the Special Event:

Fax 860-259-1030

Federal ID # 161474752

Payment Options

Full payment must accompany your registration form. Complete the credit card information below and return via fax. **Purchase orders will not be accepted. To pay by check, fax registration form and present payment onsite at the time of check-in.**

By Credit Card **Total Amount Due \$ _____**

Please Bill My **Visa** **MasterCard** **American Express**

Account Number _____ **Exp Date** _____

Credit Card Holders Billing Address: **Check here if same as above.**

Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

Card Holders Name (as shown on card) _____

Card Holders Signature _____

By Check (US Dollars only) **Check #** _____ **Check Amount \$** _____