ASSOCIATION OF CHAIRS OF DEPARTMENTS OF PHYSIOLOGY
2008 ANNUAL MEETING –Curacao, Netherland Antilles
DECEMBER 4 - DECEMBER 7, 2008

Your Name (as it appears on your passport):

/

Last Name **First** **M.** (as you wish to appear on name tag)

Guest's name (as it appears on your passport):

/

Guest's Last Name **First** **M.** (as you wish to appear on name tag)

Mailing Address: ____ Home ____ Institution

Institution (if applicable)

Department/Program (if applicable)

Street Address

City State Zip Code

Day Phone Fax Email

I (and/or my guest) have a disability that requires special arrangements (please specify)

I (and/or my guest) have food preferences (i.e., vegetarian, restricted diet) (please specify)

Hotel Deposit Enclosed:

_____ **$165 Single occupancy** _____**$175 Double** _____ **$185 Triple** _____**$195 Quad**

The one night nonrefundable deposit is based on deluxe Run of the House Room at $129 per room per day plus the current 19.84% tax, housekeeping gratuity of $5 per person per day, and bellman gratuity of $5 per person round trip. Hotel nonrefundable balance is due October 15, 2008.

_____**Arrival Date** _____ **Departure Date**

Registration Fees:

Early Registration before Sept. 01, 2008		***Late Registration – Due Oct. 15, 2008***	
ACDP Member	$275	ACDP Member	$325
Non-member	$325	Non-member	$375
Guest	$150	Guest	$200

Total Registration Fees Enclosed: _____ Total Registration Fees Enclosed: _____

Method of Payment:

_____Check (Payable to Classic Travel)

_____ MC/VISA/Am. Express (Circle One)
Card Number:_____Exp. Date:_____

Please forward this form with your hotel deposit and registration fee to:

Classic Travel (Jean Southwick)
Phone: 1-800-643-3449, or 517-349-6200
Fax: 517-349-6656
Email: jean@classictravelusa.com

Please contact us if you would like assistance with airfare.