

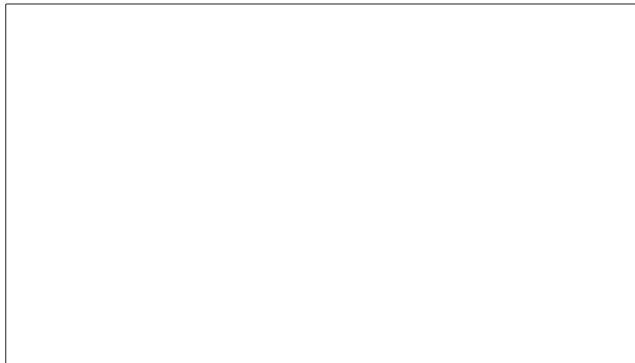


International Conference on

Clinical and Cellular Immunology

October 22-24, 2012 DoubleTree by Hilton Chicago-Northshore, USA

Operated by: Editors- Journal of Clinical & Cellular Immunology, Journal of Clinical Case Reports and Journal of Cytology & Histology



Please Contact us If you need any special pricing!

5 Easy ways to Register

- +1-650-268-9744 (USA)
- +1-650-618-1414
- Toll free: +1-800-216-6499 (Only for USA & Canada)
- 1-800-651-097 (Australia)
- 0805-080048 (Europe)
- <http://www.omicsonline.org/immunology2012/>
- Group Bookings: Take advantage of group bookings. Discounted prices, special features etc.
- Fax your details to +1-650-618-1414 (or)
- Email to immunology2012@omicsgroup.com

Items Please tick any of one	-On/Before August 27, 2012		On/Before September 24, 2012		On October 22, 2012	
	Academia	Business	Academia	Business	Academia	Business
<input type="checkbox"/> Registration Fee	\$ 599	\$ 699	\$ 649	\$ 799	\$ 799	\$ 899
<input type="checkbox"/> Package A	\$ 1099	\$ 1299	\$ 1199	\$ 1499	\$ 1299	\$ 1599
<input type="checkbox"/> Package B	\$ 1399	\$ 1599	\$ 1449	\$ 1749	\$ 1599	\$ 1899
<input type="checkbox"/> Preconference / Poster	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
<input type="checkbox"/> Student Registration	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
<input type="checkbox"/> Accompanying Person	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200
Exhibition/special request	Contact organizers at Ph: +1-650-268-9744, Fax: +1-650-618-1414 Email: immunology2012@omicsgroup.com					All Currency in US Dollars

Yes I/We will attend International Conference on Clinical & Cellular Immunology

Name: Prof/Dr/Mr/Mrs. _____

Email _____

Department _____

University/Company _____

Address _____

Tel _____

Fax _____

Title of your talk _____

Track No _____

Submit your abstract at <http://omicsonline.org/immunology2012/abstract.php>

PAYMENT INFORMATION

Please invoice

Credit Card. Please debit my:

Card No: DISCOVER MASTERCARD VISA AMERICAN EXPRESS Others

Expiry Date: _____

Signature: _____

Credit Card billing address: _____

Contact name and number for card holder: _____

Please note that cards will be debited within 7 days of your registration.

Yes I agree to the terms and conditions as stated on this form.

Delegates who do not pay their bookings are requested to provide a copy of bank transfer / credit card / cheque details to help payment allocation. Staff at the event will request a credit card guarantee for delegates without proof of payment.

Processing charges: (Visa 2%, Master 2%, Others 2%)

- Only Registration includes:
- | | |
|---------------------------------------|--------------------------------|
| 1) All Program | 4) Handbook |
| 2) Reception Banquet | 5) A free paper Abstract |
| 3) Coffee Break during the Conference | 6) Lunch during the conference |

Package A:
Above 6 features including the following:
7. Breakfast during the Conference
8. 3 Nights accommodation (i.e. October 21st, 22nd & 23rd) of deluxe single/double room at DoubleTree by Hilton Chicago-North Shore, USA.

Package B:
Above 8 features including the following:
9. 1 Night extra accommodation i.e. October 24th (total 4 Nights)

- Accompanying Person:**
- Entry pass for opening ceremony
 - Reception Banquet
 - Coffee Break during the conference
 - Lunch during the conference

Venue Details

DoubleTree by Hilton Hotel Chicago - North Shore
9599 Skokie Blvd Skokie, Chicago, Illinois 60077
United States
Phone: 1-847-679-7000
Fax: 1-847-679-0904



Operated by

Editors- Journal of Clinical & Cellular Immunology,
Journal of Clinical Case Reports,
Journal of Cytology & Histology

Hosting Organization
OMICS Group Conferences

5716 Corsa Ave., Suite 110, West Lake
Los Angeles, CA 91362-7354, USA
Phone: +1-650-268-9744, Fax: +1-650-618-1414
Toll free: 1-800-216-6499 (USA & Canada)
1-800-651-097 (Australia), 0805-080048 (Europe)
Email: immunology2012@omicsgroup.com