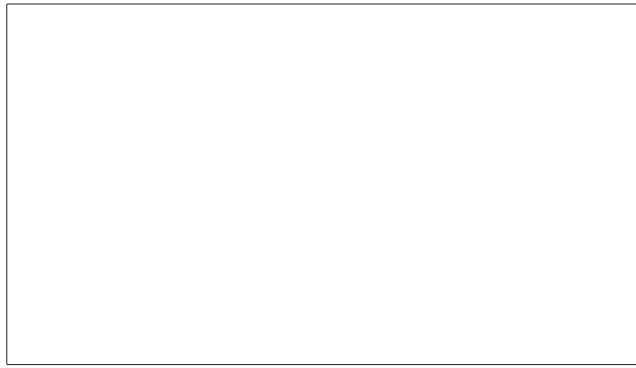




International Conference on Translational Medicine

September 17-19, 2012 Holiday Inn San Antonio, Texas, USA

Operated by: Editors- Journal of Translational Medicine
Journal of Blood Disorders & Transfusion



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/translationalmedicine2012/>
- Group bookings: Take advantage of group bookings.
Discounted prices, special features etc.
- Fax your details to +1-650-618-1414 (or)
- Email to translationalmedicine2012@omicsgroup.com

Items Please tick any of one	On/Before August 28, 2012		On/Before September 3, 2012		On September 17, 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: translationalmedicine2012@omicsgroup.com					All Currency in US Dollars

Yes I/We will attend International Conference on Translational Medicine

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/translationalmedicine2012/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 1%, Master 2%, Others 3%)

- 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. September 16th, 17th & 18th) of deluxe single/double room at Holiday Inn San Antonio, Texas, USA.

Package B:
Above 8 features including the following:
9. 1 Night extra accommodation i.e. September 19th (total 4 Nights)

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

Venue Details

Holiday Inn San Antonio Downtown Market Square
318 West Durango Blvd.
San Antonio, TX 78204, USA

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Hosting Organization
OMICS Group Conferences
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Los Angeles, CA 91362-7354, USA
Phone: +1-650-268-9744, Fax: +1-650-618-1414
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