

**By Mail Registration Form (Please print)**

**Lyme & Other Tick-Borne Diseases: 2011 Update for Scientists, Clinicians & Health Officials**  
*2-Day Conference Jointly Sponsored by:*

**Lyme Disease Association & Columbia University College of Physicians & Surgeons**  
**Saturday, October 1, 2011 7:15 a.m.- 5:30 p.m. Reception 5:45 p.m.-6:45 p.m.**  
**Sunday, October 2, 2011 7:15 a.m.-2:00 p.m.**

Hyatt Regency Philadelphia at Penn's Landing

201 South Columbus Blvd., Philadelphia, Pennsylvania, USA 19106

Special LYME DISEASE conference sleeping room rate if reservations made by September 12, 2011  
<https://resweb.passkey.com/go/LDA2011> or 888-421-1442 (say Lyme Disease Association Meeting)

**ONE FORM PER REGISTRANT**

Name of conference registrant (last) \_\_\_\_\_  
(first) \_\_\_\_\_

Organization/Institution you represent (if applicable) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

Degree (for health care professionals): MD, DO, etc \_\_\_\_\_

Specialty for professionals \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Accessibility: Please indicate any particular accommodations or assistance needed:**

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Fee includes Sat. breakfast, lunch, breaks, reception; Sun. breakfast, break. Scientific lectures, exhibits and program

**Check one registration type (LDA must receive registration by date below)**

Regular \$180 received by 09/08/11; \$199 received after 9/08/11; \$215 if space available at door

\*CME = \$280 received by 09/08/11; \$299 received after 9/08/11; \$315 if space available at door

**\*CME – Continuing Medical Education credits for Physicians (Category 1 CME credits)**

**CREDIT CARD REGISTRATIONS: Only online at [www.LymeDiseaseAssociation.org](http://www.LymeDiseaseAssociation.org)**

**No Phone or Fax Registrations**

**CANCELLATION: Written notice of cancellation must be RECEIVED BY LDA BY 9/8/11 for refund, NO exceptions.**

Check must accompany form for registration to be processed.

**Send Check payable to:**

**Lyme Disease Association, Inc.**

**PO Box 1438**

**Jackson, NJ 08527**

Email confirmation will be sent to you, check SPAM box if you do not receive it. Bring your confirmation to the meeting. (If you have no email, a fax confirmation will be sent to the number you provided above). Email [treasurer@LymeDiseaseAssociation.org](mailto:treasurer@LymeDiseaseAssociation.org) with questions.