

Individualizing Medicine 2015 Conference

Attendee Registration Form

Complete, print and return this form by mail or fax to IM2015 Conference, c/o Matrix Meetings, Inc., P.O. Box 7169, Rochester, MN 55903-7169
Fax: 507-288-0014

*First Name *(as you would like it to appear on your name badge)*

*Last Name

Degree

MD PhD MD/PhD MBA RN PA NP PharmD RPh CGC Other _____

*Title (e.g., Director, Center for Individualized Medicine)

*Organization

*Email Address *(will be used to send confirmation/updates)*

*Address

*City

*State

*Postal Code

*Country

*Contact Phone *(xxx-xxx-xxxx)*

Alternate Phone *(xxx-xxx-xxxx)*

Do you have any special dietary needs? *(please check one)*

None Kosher Vegetarian Other _____

Do you have any special needs? *(please check one)*

None Handicap accessibility

How did you hear about the conference?

- E-mail Notification
 Journal Advertisement
 IM Conference Website
 Facebook
 Twitter
 Attended Previous IM Conference
 Word of Mouth
 Google/Other Search Engine
 CIM Grand Rounds
 Other _____

*Indicates required information

Welcome Reception

Sunday, September 20 – 5 pm to 7 pm

- Yes, I will attend
 No, I will not attend

Individualizing Medicine Conference 2015

- Standard Fee – \$595
 Mayo Clinic and University of Illinois at Urbana-Champaign Fee – \$495

Please select which concurrent sessions you wish to attend. Select one session for each time block.

Monday, September 21 1 pm to 2:45 pm

- Session 1A: Integrating Tumor Genomics into Clinical Research
 Session 1B: Predictive Genomics in Clinical Practice
 Session 1C: Pharmacogenomics: Discovery to Implementation
 Session 1D: Beyond the Exome in Many Directions: From Transcriptomics to Proteomics to In Vivo Imaging
 I will not attend

3:15 pm to 5 pm

- Session 2A: Individualizing Cancer Therapy - Hematological Malignancies
 Session 2B: WES & Still No Dx: What is next for Patients on a Diagnostic Odyssey?
 Session 2C: Genomic Information: Wanting What You Get vs. Getting What You Want
 Session 2D: Pharmacogenomics Implementation at the Bedside: What Works, What Doesn't
 Session 2E: Exhibitor Presentations
 I will not attend

5 pm - 7 pm Poster Session

- Yes, I will attend No, I will not attend

Tuesday, September 22 1 pm to 2:45 pm

- Session 3A: Cell Free DNA: Efficient Translation of Laboratory Research into Clinical Practice
 Session 3B: The Genomics of Dementia
 Session 3C: The Role of Individualized Medicine in Value-Based Care
 Session 3D: Epigenomics: Path to Clinical Testing
 I will not attend

3:15 pm to 5 pm

- Session 4A: Clinical RNA Seq
 Session 4B: Is There a Genomic Future for Newborn Screening?
 Session 4C: Case Based Applications of Genomics in Primary Care
 Session 4D: Gut Microbiota at the Interface of Health and Disease
 I will not attend

Focus Session

Wednesday Morning 8 am to 12:30 pm

Please select one.

- F1: Advances in Individualized Immunotherapy and Monitoring
 F2: Resources to Support Genomic Medicine
 F3: Functional Genetic Strategies for Clinical Diagnosis and Treatment
 F4: Epigenomics-to-Practice: Neuroepigenomics
 F5: Microbiome and Metabolomics
 F6: Metabolomics - Informed Pharmacogenomics
 F7: Big Data to Knowledge (BD2K) Consortium Activities
 I will not attend

Promo Code: _____

Registration Payment Options

Registration is payable by credit card or check. Registration will not be processed until full payment has been received. Registration confirmations will be sent out within 5 days of payment receipt.

Payment by Check

Make checks payable to IM2015 Conference c/o Matrix Meetings, Inc.
Mail check and completed registration form to:

IM2015 Conference
c/o Matrix Meetings, Inc.
P.O. Box 7169
Rochester, MN 55903-7169

Payment by Credit Card

Type: American Express VISA MasterCard Discover

Credit Card Number

Expiration Date

Name as it appears on the card

CVS Code

Cardholder signature

Cancellation Policy

Cancellations received before July 20 will be eligible for a refund of the registration fee, less a \$75 administrative fee.

Privacy Statement

All information you supply will be used for the purposes of registration, correspondence or program information. Mayo Clinic reserves the right to photograph and/or record all conference participants and proceedings for later use in published or distributed conference materials.

Contact Us

For registration information, please contact us at:
Shelly@matrixmeetings.com
507-288-5620 Phone
507-288-0014 Fax