



2nd International Conference on Accelerating Biopharmaceutical Development

Coronado Marriott Hotel ♦ Coronado, CA
 March 9-12, 2009 ♦ www.aiche.org/AcceleratingBio

Choose from 3 easy ways to register:

- ONLINE:** Visit www.aiche.org/AcceleratingBio
- MAIL/FAX:** Fax this form to (646) 495-1507 or Mail to SBE, PO Box 5169, Brookfield, CT 06804-5169
- PHONE:** Call toll free (800) 242-4363 or 001-646-495 - 1300 (outside the U.S.)

Hotel Accommodations

Conference fees include registration, room, 3 breakfasts, 3 lunches, 3 receptions, 1 dinner and breaks from Monday evening through Wednesday evening. Accommodations cover the nights of March 9, 10 and 11. Registrations will be accepted on a space availability basis.

Confirmation

Registrations received by February 15, 2009 will be confirmed via mail.

Cancellation Policy

Cancellations must be submitted in writing postmarked through February 1, 2009 to receive a full refund minus a \$100 processing fee.

ATTENDEE INFORMATION (Please Print Clearly):

First Name	MI	Last Name	
Title		Company	
Street			
City	State/Province	ZIP/Postal Code	Country/Country Code
Telephone	Fax	E-mail	
Roommate or Guest Name		Room Preference or Other Considerations	

CONFERENCE REGISTRATION FEES

Please Check Box:	Early Bird Feb. 1	Regular
SBE Members		
<input type="checkbox"/> Student*	\$1090	\$1240
<input type="checkbox"/> Student**	\$1390	\$1540
<input type="checkbox"/> Professional**	\$1890	\$2040
<input type="checkbox"/> Guest	\$490	\$640
Non-SBE Members		
<input type="checkbox"/> Student*	\$1190	\$1340
<input type="checkbox"/> Student**	\$1490	\$1640
<input type="checkbox"/> Professional**	\$1990	\$2140
<input type="checkbox"/> Guest	\$490	\$640

*sharing room with another participant
 **single occupancy or sharing room with a guest

LOWER YOUR REGISTRATION COSTS, BECOME AN SBE MEMBER

- Yes, I want to be an SBE member. Please enroll me
- Select membership category:
- | | |
|------------------------------|------|
| AIChE Professional Member | \$10 |
| Undergraduate Student Member | free |
| Graduate Student Member | \$25 |
| Member | \$75 |

PAYMENT INFORMATION:

- Mastercard Visa American Express
 Diners Club Discover Check or Money Order

Cardholder's name	
Card Number	Exp. Date
Signature	Date

Summary of Charges

Total Registration Fees	\$	_____
SBE Membership	\$	_____
Payment Enclosed:	\$	_____