



## DMS 2007 Two-Day Integrated Bioinformatics Solution Workshop REGISTRATION FORM

Name: (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_ (last) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Two-Day Integrated Bioinformatics Solution Workshop	\$999.00
---	----------

**Equipment:** Please bring your own laptop. We will provide you with the live data on a CD-Rom.

### Refund policy:

- There is no refund after workshop starts.
- If you have enrolled in and later decide to drop the class, a refund minus a \$50 fee will be issued back to you.
- If the workshop is cancelled, a full refund will be issued.
- There is a returned check fee of \$35.00.

### Payment Method

\_\_\_ by check (please enclose check or money order payable to Knowledge Systems Institute)

\_\_\_ by Visa or \_\_\_ MasterCard (please fill out the following)

Name as it appears on credit card (in print): \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Mail to

Admissions Office Knowledge Systems  
Institute 3420 Main Street, Skokie, IL  
60076 USA Tel: 847-679-3135 Fax: 847-  
679-3166 Email: [office@ksi.edu](mailto:office@ksi.edu)  
<http://www.ksi.edu>