



FDA - NSTA SYMPOSIUM STIPEND Portland, OR November 21, 2008

To be completed by participant & signed/verified by the FDA/NSTA representative
upon completion of the Symposium.

Last Name: _____ First Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip/Postal Code: _____

Phone: _____ Fax: _____

E-mail address: _____

Symposium registration number: _____

I certify my participation in the FDA-NSTA Symposium on November 21 and

_____ I acknowledge receipt of a \$60 stipend for my full participation in this symposium.

_____ I understand that my registration was received after November 10th and that I will receive the \$60 stipend via US mail within the next 3 weeks at the address above.

(Signature) _____

I certify that _____ has participated in the entire FDA-NSTA Symposium which occurred in Portland, Oregon on November 21, 2008.

FDA/NSTA Symposium Facilitator