



11TH Annual QUAD SYMPOSIUM
American Association for
Laboratory Animal Science
May 3- 4, 2012

“QUAD 2012: Planning for the Unplanned”

Organization _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

A table for display is provided to the Non-Profit Agency at No Charge.

WILL ANYONE BE MANNING THE TABLE? YES _____ NO _____

If YES, please list names:

EACH PERSON LISTED MUST COMPLETE A GENERAL REGISTRATION FORM.

DEADLINE – April 1, 2012

Please send registration form to:

Jennifer Kieffer, DLAR 4159 WH
SUNY Upstate Medical University
750 East Adams Street
Syracuse NY 13210

Questions? 315-464-4289 or kiefferj@upstate.edu
FAX: 315-464-4028
QUAD Federal Tax ID Number available upon request.

You **MUST** be a **Registered QUAD VENDOR** to solicit.

For Administrative Use Only				
Date Rec'd _____	Amount Rec'd _____	N/C _____	Check No. _____	N/C _____
			NonP # _____	

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Mohegan Sun Reservations

1 Mohegan Sun Boulevard, Uncasville, CT 063821

Hotel reservations **are made directly with the Mohegan Sun** using the Hotel's website. The following URL link can be used to book reservations on-line through Passkey:

<https://resweb.passkey.com/go/QUADSYMP12>

Should guests prefer to call in their guestroom reservations, please use their toll-free number:

1-866-708-1340

Be sure to reference our QUAD group code **QUADSYMP12** to qualify for our special symposium rate of \$179 per night (single or double occupancy)

For additional hotel information and directions visit www.mohegansun.com

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Date Rec'd _____ Amount Rec'd _____ N/C _____ Check No. _____ N/C _____ NonP # _____