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**REGISTRATION FORM FOR 2016**  
**TRANSLATIONAL REPRODUCTIVE BIOLOGY AND CLINICAL REPRODUCTIVE MEDICINE**  
**November 17-20, The Grand Hyatt Hotel, New York City**  
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This registration commits the undersigned to registration. Below outlined registration fees are time- and employment-dependent. Please carefully evaluate your status before registering. In case you apply for discounted registrations because of employment, please attach a confirmatory letter of your department chairman, division head or laboratory director on official stationary. If you submitted a poster and are under age 40, please indicate so since this will make you eligible for discounted registration as Category C.

I am hereby registering for:

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If payment is made by check, please make payable to *The Foundation for Reproductive Medicine*.

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MAIL THIS REGISTRATION TO: Office of Continuous Medical Education, The Foundation for Reproductive Medicine, 551 Madison Avenue, Suite 700. New York, N.Y. 10022

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