

Registration Form

By Phone

Call 978-934-2405
to register by phone

By Fax

Fax this completed form to
978-934-2028

By Mail

UMass Lowell/Continuing Studies
Attn: Gwen Picanco
Southwick 303
One University Avenue
Lowell, MA 01854-2881

Please print clearly or type. Photocopy for additional forms.

General Information

How did you hear about this program? _____

First Name _____ MI _____ Last Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Work Telephone _____ Home Telephone _____

Fax _____ Email Address (required for receipt of confirmation) _____

Select a Session

- Register me for the following six sessions for a discounted rate of \$1,800. Course# 00.630-041.
OR select the specific sessions(s) for which you would like to register. \$500 per HALF DAY session.
- Overview of Biopharmaceutical Process Development**
Wednesday, January 13, 2010 from 9:00am-noon. Course# 00.631-041
 - Cell Line Generation**
Wednesday, January 13, 2010 from 1:00-4:00pm. Course# 00.632-041
 - Cell Culture/Fermentation**
Thursday, January 14, 2010 from 9:00am-noon. Course# 00.633-041
 - Protein Purification I**
Thursday, January 14, 2010 from 1:00-4:00pm. Course# 00.634-041
 - Protein Purification II**
Friday, January 15, 2010 from 9:00am-noon. Course# 00.635-041
 - Protein Characterization/Analysis**
Friday, January 15, 2010 from 1:00-4:00pm. Course# 00.636-041
- Register me for the following three sessions for a discounted rate of \$1,800. Course# 00.920-041.
OR select the specific sessions(s) for which you would like to register. \$800 per FULL DAY session.
- From Amino Acids to Functional Proteins**
Wednesday, January 20, 2010 from 9:00am-3:30pm. Course# 00.921-041
 - Biochemical, Biophysical & Mass Spectrometric Technologies & Their Applications**
Thursday, January 21, 2010 from 9:00am-3:30pm. Course# 00.922-041
 - Case Studies on Analytical Development and Characterization of Protein Therapeutics**
Friday, January 22, 2010 from 9:00am-3:30pm. Course# 00.923-041

\$ _____ TOTAL AMOUNT

Payment Method

Please note we cannot accept American Express.

- Check enclosed, payable to the University of Massachusetts Lowell
- Purchase Order#: _____ Company's Federal Tax ID #: _____

Please fax a copy of your PO to 978-934-2028 or mail it to the address above with your registration. A copy of the PO is **REQUIRED** in order to process your registration.

Contact Name for PO: _____ Telephone: _____

- Bill Credit Card: MasterCard VISA Discover **We cannot accept American Express.**

Credit Card Number _____ Expiration Date _____ 3-Digit Security Code _____

Cardholder Name _____

Cardholder Signature _____

If you have any questions regarding the training programs or registration,
please contact Karen von Sneidern at 978-934-2473.