

The Architecture of Healing

*An International Conference at the David Geffen School of Medicine at UCLA
Celebrating the Opening of the Ronald Reagan UCLA Medical Center*

Neuroscience Research Building Auditorium
635 Charles E. Young Drive South, UCLA

Friday, November 16 – Saturday, November 17, 2007

<http://aohucla.wordpress.com>

Cost

\$30.00 (payment in U.S. Dollars)

Registration

- By Mail:** Print, complete, and mail the attached registration form, with check or credit card payment, to the address shown at the bottom of the form.
- By Fax:** Print, complete, and fax the attached registration form, with credit card payment, to: +1-310-825-0465
- On Site:** Advance registration, received on or before November 2, is recommended. We anticipate this event will be sold-out; on-site registration will not be guaranteed. We cannot accept cash payments in advance or at the door.
- Credit cards:** MasterCard, Visa, and Discover cards are accepted. We regret we are unable to process American Express payments.

Student Registration

Students who will be enrolled in degree-granting institutions for the Fall 2007 quarter/semester are eligible for complimentary (free) registration, which includes participation in the reception and tour as well as lunches on Friday and Saturday. Students may register in advance by mail or fax but must present their Fall 2007 identification cards at the registration table on Friday or Saturday morning, in order to receive programs, name badges and lunch tickets. The registration table will close 2 hours before lunch is served.

Tours

A guided tour of the Ronald Reagan UCLA Medical Center is included for attendees who register in advance. Tours will be available only to registered attendees wearing official conference name badges.

Refunds

Since this is a low registration fee, no refunds will be granted if an individual cancels his or her attendance. In the event the Ronald Reagan UCLA Medical Center is unavailable for guided tours, no refunds will be granted. The David Geffen School of Medicine at UCLA reserves the right to cancel the entire program, in which case a full refund will be granted.

Additional Information

Please call: +1-310-825-6940

or e-mail: tgj@library.ucla.edu

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Registration Form

number of people ____ @ \$ 30.00 each = \$ ____

number of students ____ @ [complimentary]

TOTAL = \$ ____

Registration includes:

- Program
- Opening Reception (Louise M. Darling Biomedical Library, Friday, 5:00 p.m.)
- Boxed Lunches on Friday and Saturday
- Tour of the Ronald Reagan UCLA Medical Center (Saturday, following lunch)

Name(s) _____

Street address _____

City, State/Province, Zip/Postal code _____

Telephone _____

E-mail _____

Person(s) and type(s) of food restrictions _____

Payment

Check enclosed payable in \$U.S. to: **Regents of the University of California**

Charge: MasterCard Visa Discover

_____-_____-_____-_____
Card number

Name as it appears on card (please print)

Authorizing signature

_____/_____
Expiration Date (Mo./ Yr.)

Please print, complete, and return this registration form (with payment) before November 2 to:

Teresa Johnson
History & Special Collections
Louise M. Darling Biomedical Library, UCLA
Box 951798
Los Angeles, California 90095-1798 USA

+ 1-310-825-0465 Fax

+ 1-310-825-6940 Voice