

**COURSE REGISTRATION FORM**  
UNIVERSITY AT BUFFALO TOXICOLOGY RESEARCH CENTER

NAME
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COMPANY
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DAYTIME PHONE
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EVENING PHONE
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FAX NUMBER
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E-MAIL ADDRESS
----------------

Send ALL registration materials to my  HOME  BUSINESS  
Provide Complete mailing address below

Street
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City
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State
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Zip Code
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*I am registering for the following course:*

COURSE # AND/OR TITLE
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COURSE DATES
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**PAYMENT OPTIONS: (Registration is not complete until payment is received)**

- **Credit Card Payment** (telephone or fax information **DO NOT E-MAIL**)

VISA     MASTERCARD

AMOUNT US \$

Card #
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Expiration Date
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Zip code
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Name on Credit Card
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Card Holder Signature
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- **Check enclosed (payable to: SUNY BUFFALO RESEARCH FOUNDATION - TRC)**

Check #
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Amount US \$
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- **Company Purchase Order #**

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Please fax a copy of the PO at the time of registration or attach this form when PO is mailed.

**MAIL OR FAX TO:**

University at Buffalo Toxicology Research Center  
Cary Hall 15  
3435 Main Street  
Buffalo, New York 14214-3015

**Tel #** (716) 829-2125  
**Fax #** (716) 829-2806  
**Web** <http://www.smbs.buffalo.edu/CENTERS/trc/>  
**E-mail** [jsyracus@buffalo.edu](mailto:jsyracus@buffalo.edu)