To register for the CNUP Retreat, print and complete the following registration form and return it with your deposit or registration fee to: Patti Argenzio, E1440 Biomedical Science. Questions? Email: argenzio@pitt.edu or phone extension: 89537

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**2005 CNUP Retreat Registration**

I will attend the CNUP Annual Retreat, September 9-11, 2005 at Oglebay Resort and Conference Center. Registration fees include the scientific program, two nights’ lodging, reception, two breakfasts, one lunch, and one dinner. Please return this registration form along with your deposit or registration fee to Patti Argenzio, E1440 BSTWR. Make checks payable to 'University of Pittsburgh (CNUP)’. Your registration must be received by July 15 and cannot be confirmed without your deposit/registration fee.

| Name | ____________________________ |
| Male | ____________________________ |
| Female | ____________________________ |
| Department | ____________________________ |
| E-Mail Address: | ____________________________ |
| Campus Address: | ____________________________ |
| Campus Phone: | ____________________________ |

**Meals**

Please check dietary restrictions that apply:

- No poultry
- No dairy
- No seafood
- No red meat

Please list any special dietary needs (include family members’ if attending):

____________________________________

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**Lodging**

Roommate Selection:

*All rooms are double occupancy. Please indicate a roommate below or one will be assigned for you.

- _____ Smoking
- _____ Non-smoking

Check those that apply:

- Faculty (payment of $180 is enclosed)
- *I prefer a single room and have enclosed an additional $95
- Trainee - postdoctoral fellow or resident (payment of $30 is enclosed)
- Trainee - predoctoral student (returnable security deposit of $50 is enclosed)
- Spouse will be joining me ($180 payment for both lodging and meals is enclosed).

Name: ____________________________

- Children will be joining me.
  - number of children under 12 years of age (no payment required if child is under 12)
  - number of children 12 years of age or older ($65 per child is enclosed for meals)

Please provide ages:

- ____________________________
- ____________________________

- *triple occupancy room requested (will be provided for families, if available)
- crib required (payment of $10 enclosed)
  - Baby-sitting services are available through Oglebay.

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**Transportation**

Are you able to provide transportation?

- Yes, I can provide transportation (_____ number of passengers)
- No

(Please complete both sides of form)