

**XVI International Symposium on  
Drugs Affecting Lipid Metabolism - DALM2007**

New York, NY, USA  
October 4 - 7, 2007

On-Line Registration is available at [www.lorenzinifoundation.org/dalm2007.html](http://www.lorenzinifoundation.org/dalm2007.html)  
Please use the Symposium On-line Services or return this form to address below or by Fax (+1) 407.366.4138

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_  
 Company/Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
(Please include Country Code) (Please include Country Code)  
 Email \_\_\_\_\_

**Registration Deadlines:** Form and payment must be received by May 30, 2007 to qualify for the early registration rates.

The last day to register on-line in advance is September 19, 2007. Registration forms submitted after this date will be charged the On-site Registration Fee, and registration confirmations will not be issued prior to the meeting. On-site registration is also available.

**Mail Form with Payment to:**  
**DALM2007**  
 c/o Registration Systems Lab  
 779 East Chapman Road  
 Oviedo, FL 32765 (USA)  
 Fax to: (+1) 407.366.4138

Register on-line at: <http://www.lorenzinifoundation.org/dalm2007.html>

**Payment** must accompany registration form in order to be processed. Purchase orders and telephone orders are not accepted.

**Registered Participants, Post-Doctoral Fellows, Students, and Nurses** are entitled to:

- \* Attend all Scientific Sessions
- \* Attend the Welcome Reception
- \* Attend the Poster Viewings, and Discussions
- \* Attend the Scientific Exhibits
- \* Continental Breakfasts and Coffee Breaks
- \* Attend the Young Investigator Awards and Poster Session Reception
- \* Receive Final Program and Abstract Book

*Admission to the Symposium events is reserved only for participants wearing the Symposium badge.*

**All authors submitting abstracts** must register for the Symposium.

**\*Post-Doctoral Fellow and Student/ Nurse** registration fees will be granted only to those who document their position by faxing an official statement from the head of their Department or Institution to DALM2007, (+1) 407.366.4138. Nurses may provide a copy of their nursing license.

**Working press** from newspapers, magazines, radio, television, and medical publications will be registered for free, provided that they submit a copy of their press card along with the registration form. Press registration may only be submitted via fax or postal mail.

**For Italian Participants Only:**

Fiscal Code: \_\_\_\_\_  
 IVA Number: \_\_\_\_\_  
 Name and address corresponding to the IVA Number:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cancellation Policy:** Written notice of cancellation must reach the DALM2007 Registration Office no later than August 31, 2007. If cancellation notice is received by this date, the registration fee will be refunded, less 30% for administrative charges. Refunds will be made after the meeting. Cancellations received after August 31, 2007 will not be refunded; however, these registrants will receive their Symposium material by mail after the meeting. Mail or fax your cancellation request to the DALM2007 Registration Office at the address above.

**Cancellation of the Meeting:** Please note in the unlikely event that the XVI International Symposium on Drugs Affecting Lipid Metabolism is abbreviated or cancelled for any reason whatsoever Giovanni Lorenzini Medical Foundation and the Fondazione Giovanni Lorenzini reserve the right, in their sole discretion, to unilaterally terminate the Symposium. In such cases, the registrant and/or any funding/sponsoring organization hereby agrees to waive any claim against the Giovanni Lorenzini Medical Foundation and the Fondazione Giovanni Lorenzini for damages or compensation including, but not limited to, fees for registration, housing, airfare, and incidental charges.

**Questions?** Please call: (+1) 407.971.4451  
 Or email: [dalm2007@regmaster.com](mailto:dalm2007@regmaster.com)

**I am submitting abstracts:** \_\_\_\_\_ **Number of Abstracts** (no more than two)

*Please check one category:*

- Practitioner (MD, DO, DDS)       Other Health Professional       Press  
 Medical Student/Nurse       Fellow/Resident  
 Faculty/University       Industry

	<i>On or Before May 30</i>	<i>May 31 - Sept. 19</i>	<i>After Sept. 19</i>	
Participant	US \$550	US \$610	US \$670	\$ _____
Post-Doctoral Fellow*	US \$270	US \$320	US \$370	\$ _____
Student or Nurse*	US \$160	US \$190	US \$220	\$ _____
			ENCLOSED:	\$ _____

I have special needs: \_\_\_\_\_

**OPTIONAL EVENTS:** (included in all registration fees)

*Limited seating available on a first-come, first-served basis; advance registration for each event is required.*

- I will attend the **Friday, October 5 (7:00 – 8:30 am) Breakfast Session "Beyond Statin Monotherapy: Raising HDL-C, Lowering CVD Risk"**
- I will attend the **Friday, October 5 (12:30 – 1:30 pm) Lunch Session "In Memoriam of Prof. D. Kritchevsky" and "XXXIII Lorenzini Lecture"**
- I will attend the **Saturday, October 6 (12:45 – 1:45 pm) Lunch Session "Where Does Insulin Resistance Start?"**
- I will attend the **Saturday, October 6 (6:30 – 8:00 pm) Young Investigator Poster Awards presentation and reception**

**SOCIAL PROGRAM:**

- I will attend the **Welcome Reception**. The Welcome Reception on **Thursday, October 4** evening is open to all registered Participants, Post-Doctoral Fellows, Students, and Nurses.

**PAYMENT INFORMATION:**

- Bank Check:** Please make checks payable in US dollars drawn on a US Bank or International Money Order to **DALM2007** and mail to the DALM2007 Registration Office at the address above.

**Bank Check No.** \_\_\_\_\_ **of Bank:** \_\_\_\_\_

- Credit Card:**     Visa     Master/Euro Card     American Express     Discover

Card Nr. \_\_\_\_\_ Card ID Code\*\* Expires \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

\*\* Required: last 3-digit code on back of Visa/Master/Euro Card signature tape, or 4-digit code on front of American Express left-side above card number.