

# Individualizing Medicine 2015 Conference

## Attendee Registration Form

Complete, print and return this form by mail or fax to IM2015 Conference, c/o Matrix Meetings, Inc., P.O. Box 7169, Rochester, MN 55903-7169  
Fax: 507-288-0014

\*First Name *(as you would like it to appear on your name badge)*

\*Last Name

Degree

☐ MD ☐ PhD ☐ MD/PhD ☐ MBA ☐ RN ☐ PA ☐ NP ☐ PharmD ☐ RPh ☐ CGC ☐ Other \_\_\_\_\_

\*Title (e.g., Director, Center for Individualized Medicine)

\*Organization

\*Email Address *(will be used to send confirmation/updates)*

\*Address

\*City

\*State

\*Postal Code

\*Country

\*Contact Phone *(xxx-xxx-xxxx)*

Alternate Phone *(xxx-xxx-xxxx)*

Do you have any special dietary needs? *(please check one)*

☐ None ☐ Kosher ☐ Vegetarian ☐ Other \_\_\_\_\_

Do you have any special needs? *(please check one)*

☐ None ☐ Handicap accessibility

How did you hear about the conference?

- ☐ E-mail Notification  
☐ Journal Advertisement  
☐ IM Conference Website  
☐ Facebook  
☐ Twitter  
☐ Attended Previous IM Conference  
☐ Word of Mouth  
☐ Google/Other Search Engine  
☐ CIM Grand Rounds  
☐ Other \_\_\_\_\_

\*Indicates required information

## Welcome Reception

Sunday, September 20 – 5 pm to 7 pm

- ☐ Yes, I will attend  
☐ No, I will not attend

## Individualizing Medicine Conference 2015

- ☐ Standard Fee – \$595  
☐ Mayo Clinic and University of Illinois at Urbana-Champaign Fee – \$495

Please select which concurrent sessions you wish to attend. Select one session for each time block.

### Monday, September 21 1 pm to 2:45 pm

- ☐ Session 1A: Integrating Tumor Genomics into Clinical Research  
☐ Session 1B: Predictive Genomics in Clinical Practice  
☐ Session 1C: Pharmacogenomics: Discovery to Implementation  
☐ Session 1D: Beyond the Exome in Many Directions: From Transcriptomics to Proteomics to In Vivo Imaging  
☐ I will not attend

### 3:15 pm to 5 pm

- ☐ Session 2A: Individualizing Cancer Therapy - Hematological Malignancies  
☐ Session 2B: WES & Still No Dx: What is next for Patients on a Diagnostic Odyssey?  
☐ Session 2C: Genomic Information: Wanting What You Get vs. Getting What You Want  
☐ Session 2D: Pharmacogenomics Implementation at the Bedside: What Works, What Doesn't  
☐ Session 2E: Exhibitor Presentations  
☐ I will not attend

### 5 pm - 7 pm Poster Session

- ☐ Yes, I will attend ☐ No, I will not attend

### Tuesday, September 22 1 pm to 2:45 pm

- ☐ Session 3A: Cell Free DNA: Efficient Translation of Laboratory Research into Clinical Practice  
☐ Session 3B: The Genomics of Dementia  
☐ Session 3C: The Role of Individualized Medicine in Value-Based Care  
☐ Session 3D: Epigenomics: Path to Clinical Testing  
☐ I will not attend

### 3:15 pm to 5 pm

- ☐ Session 4A: Clinical RNA Seq  
☐ Session 4B: Is There a Genomic Future for Newborn Screening?  
☐ Session 4C: Case Based Applications of Genomics in Primary Care  
☐ Session 4D: Gut Microbiota at the Interface of Health and Disease  
☐ I will not attend

## Focus Session

### Wednesday Morning 8 am to 12:30 pm

Please select one.

- ☐ F1: Advances in Individualized Immunotherapy and Monitoring  
☐ F2: Resources to Support Genomic Medicine  
☐ F3: Functional Genetic Strategies for Clinical Diagnosis and Treatment  
☐ F4: Epigenomics-to-Practice: Neuroepigenomics  
☐ F5: Microbiome and Metabolomics  
☐ F6: Metabolomics - Informed Pharmacogenomics  
☐ F7: Big Data to Knowledge (BD2K) Consortium Activities  
☐ I will not attend

Promo Code: \_\_\_\_\_

### Registration Payment Options

Registration is payable by credit card or check. Registration will not be processed until full payment has been received. Registration confirmations will be sent out within 5 days of payment receipt.

#### Payment by Check

Make checks payable to IM2015 Conference c/o Matrix Meetings, Inc.  
Mail check and completed registration form to:

**IM2015 Conference**  
**c/o Matrix Meetings, Inc.**  
**P.O. Box 7169**  
**Rochester, MN 55903-7169**

#### Payment by Credit Card

Type: ☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
CVS Code

\_\_\_\_\_  
Cardholder signature

### Cancellation Policy

Cancellations received before July 20 will be eligible for a refund of the registration fee, less a \$75 administrative fee.

### Privacy Statement

All information you supply will be used for the purposes of registration, correspondence or program information. Mayo Clinic reserves the right to photograph and/or record all conference participants and proceedings for later use in published or distributed conference materials.

### Contact Us

For registration information, please contact us at:  
Shelly@matrixmeetings.com  
507-288-5620 Phone  
507-288-0014 Fax