

5th International African Symposium
July 19 – July 22, 2005
Accra, Ghana

Form
Sickle Cell Center at The Children's Hospital of Philadelphia
Accra, Ghana.

| | |
|------------|------|
| First Name | M.I. |
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| State | Zip Code |
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| Fax Number |
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Participants from developed countries
 Participants from developing countries outside Ghana
 Participants from within Ghana
 Sickle Cell Patients

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|--|--|
| <input type="checkbox"/> Institutional Check | <input type="checkbox"/> Discover Card |
| <input type="checkbox"/> American Express | <input type="checkbox"/> VISA |

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|-----------------|
| Expiration Date |
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(All checks payable to the Comprehensive Sickle Cell Center)

Send registration form and payment information to:
Sickle Cell Center
The Children's Hospital of Philadelphia
Sickle Cell Center 4th floor Wood Building
34th and Civic Boulevard
Philadelphia, PA 19104
Program Administrator