

**Registration Form**

Participant Name:

Affiliation:

Email address:

Permission to be mentioned on the list of participants: [ ]  Yes

 [ ]  No

Contribution to scientific program: [ ]  Presentation

 [ ]  Poster

 [ ]  Attendance only

Plan to stay at the conference venue? Lodging Rate is $180/night: [ ]  Yes

 [ ]  No

Plan to participate with the Conference Event (Conference attendees only)? [ ]  Yes

 [ ]  No

Plan to participate with the evening social (Companions 16+ welcome)? [ ]  Yes

 [ ]  No

Do you need shuttle service from/to airport? [ ]  Yes

 [ ]  No

After receipt of this form to info@nc-hfcs2025.org, you will receive additional instructions based on your input above.