

**LAB-aids****INSTITUTE**

17 Colt Court

Ronkonkoma, NY 11779

Phone: 800 381-8003 Fax: 631 737-1286

www.lab-aidsinstitute.com

## Application for LAB-AIDS® 2011 Summer Programs

Program Applied For \_\_\_\_\_

Application Date \_\_\_\_\_ Event Dates \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Payment Information

Method of Payment (circle) *Check* *Purchase Order* *Credit Card*Credit Card Type (circle) *Mastercard* *Visa* *Discover*

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration (mo/yr) \_\_\_\_/\_\_\_\_

Food Preference (circle) *No Restrictions* *Vegetarian* *Vegan* *Other* \_\_\_\_\_T-Shirt Size (for program T-shirt) **XS S M L XL XXL XXXL**

Comments \_\_\_\_\_

*Please complete one form per applicant and send it with payment to:*

*Jan Freedland at LAB-AIDS (jfreedland@lab-aids.com)*

*You can contact her by phone at 800 381-8003 x 120*

*or by Fax at (631) 737-1286*

***Please Call if Registering Within One Week of the Event Date***