

19th ANNUAL

“CELL-BASED THERAPIES & TISSUE ENGINEERING”

Cleveland, Ohio - August 10-12, 2020

ACCOMMODATIONS

The preferred local hotels offer special room rates and are conveniently located on the Case campus:

Courtyard by Marriott University Circle
2021 Cornell Road; Cleveland, Ohio 44106
216-791-5678 ☎ 800-228-9290

[Courtyard Marriott at University Circle](#)



Glidden House Inn
1901 Ford Drive; Cleveland, OH 44106
216-231-8900 ☎ 866-812-4537

[Glidden House at University Circle](#)

Registrants are responsible for their own arrangements. Contact the hotel directly and ask for the CWRU discounted rate when making your reservation. On campus **Summer Conference Housing** is also available and provides a convenient and low-cost alternative to hotels: <https://students.case.edu/housing/housing/conference/>

COURSE FEES

All fees include access to all lectures, lecture handouts, labs, all coffee breaks, lunches and the dinner reception.

Standard Fee: \$995

For members of the Endorsing Societies: \$795

(ICRS, NCRM, OARSI & TERMIS members in good standing.)

Early Bird Registration Fee (register by May 10): \$695

Graduate students and post-doctoral fellows \$495

WHO SHOULD ATTEND

Cell-Based Therapies and Tissue Engineering is designed for graduate students, postgraduate students and health science professionals who are interested in tissue engineering and stem cells.

REGISTRATION

Online registration is available at <http://caslabs.case.edu/cttecourse/>. You may also register by completing the attached registration form and returning it by mail, fax, or e-mail. If you prefer you can also register by phone.

Fax: 216-368-4077 **Phone:** 216-368-3562

E-mail: tammie.lee@case.edu

Checks should be made payable to *Case Western Reserve University/CTTE20* and mailed to:

Tammie Lee
Biology Department SRC
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7080

Course Website: <http://cwrw.edu/cttecourse>

Skeletal Research Center Website: <http://www.case.edu/arts/biol/skeletal/>

REGISTRATION FORM

Name/Degree _____

Title _____

Company/University _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Check appropriate box:

Select a t-shirt size: _____

I am a member of an endorsing society: _____
(ICRS, NCRM, OARSI and TERMIS members in good standing.)

I am a graduate student. _____

Special registration code: _____

Check enclosed: Amount _____

Select your credit card: _____

Card Number _____

Expiration Date _____ 3 Digit CVV2 Code _____
(on reverse side of card)

Card Holder's Name _____

Billing Address _____

*Amount _____

Card Holder's _____

Signature _____

REFUND POLICY: All refund requests must be made in writing. Full refunds will be given for cancellations received by July 24, 2020. Cancellations received July 25, 2020 through July 30, 2020 will be subject to a \$200 cancellation fee. No refunds will be given after July 30, 2020.

Endorsing Societies:

