

Appendix 2. Conference Proceedings Registration Form (cont'd)

6. Name of publisher of conference proceedings book:

7. Location of publication of conference proceedings book:

City	State/Province	Country
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B. Contact information

1. Name of person coordinating the search or other contact person:

First	MI	Last
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2. Group affiliation (e.g., name of Cochrane Review Group or other entity):

3. Address of person specified in item B.1:

Department

Institution

Street

City	State/Province	Postal code	Country
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4. Telephone and FAX number of person specified in B.1:

Appendix 2. Conference Proceedings Registration Form (cont'd)

Country code City/area code Telephone Number

Country code City/area code FAX Number

5. E-mail address of person specified in B.1:

6. Full name of searcher of conference proceedings:

C. Administrative information

1. Name of person completing this form:

First MI Last

2. Date form completed: _____ / _____ / _____
Month Day Year