

---

---

**Registration Form**  
**ENCODE Pilot Project Launch Meeting**  
**Natcher Conference Center**  
**National Institutes of Health**  
**Bethesda, MD**  
**March 7, 2003**

---

---

Last Name

First Name

Title

Institution

Address1

Address2

City, State, ZipCode

Country

Telephone Number

Fax Number

Email address

---

---

Please return this form by **February 21, 2003** to the NHGRI at:

E-mail: [ENCODE@mail.nih.gov](mailto:ENCODE@mail.nih.gov)

*or*

Fax: (301) 480-2770 Attn. Sandra Kamholz

**Questions? Please contact Sandra Kamholz at 301-496-7531**

---

---