

Subject: CSHL Meeting Registration Information

From: <meetings@cshl.edu>

Date: 2019-02-14, 03:18

To: <marinovg@stanford.edu>

Dear Dr. Marinov,

Thank you for registering for: 2019 Cold Spring Harbor meeting: The Biology of Genomes.

Your information appears below. Please retain this email as a confirmation of your registration and receipt for payment.

If you have any questions or need to make any changes, please do not hesitate to contact the conference coordinator, Catie Carr, at carr@cshl.edu.

Abstracts:

[Please click this link to submit your abstract.](http://meetings.cshl.edu/abstractsub/abstractsub.aspx)

If link is not active, please navigate to:

<http://meetings.cshl.edu/abstractsub/abstractsub.aspx>

We look forward to your participation!

Meeting

The Biology of Genomes

Personal Information

Dr. Georgi Marinov Gender: **M**

STANFORD UNIVERSITY

Genetics 279 Campus Drive West, Beckman Center, B-257A/259

Stanford CA Zip Code: **94305**

Country(Other than USA): -

Foreign Postal Code:

Foreign Phone(Include Country Code):

Phone: **626 - 254 - 3740**

Cell Phone: **6262543740**

Email: **marinovg@stanford.edu**

Country of Citizenship: **Bulgaria**

Permanent US Resident: **N**

Ethnicity: **Non Hispanic**

Race: **White**

Meeting Information

Organizer:**N** Invited Speaker:**N** Session Chair:**N** # of abstracts you are presenting:**R** Position:**5**

Lab Head: **GREENLEAF**

Kosher Diet:**N** Vegetarian Diet:**N** Gluten Free:**N** Required Housing:**Y**

Roomates First Name:

Roomates Last Name:

Other Special Conditions:

Days of Stay

Check In Date: **5/7/2019** Check Out Date: **5/11/2019**

Payment Information

Meeting Price: **1515**

Extra Days: **0 *265**

Total Price: **\$1515**

Payment Method: **Visa**

CardHolder Name: **Georgi K Marinov**

Check #: **Georgi K Marinov**

Payment Authorized: **\$1515**

Confirmation Number: **61559011969**