THE TOBACCO INSTITUTE

SHERATON-CARLTON

FIFTH ANNUAL

FEBRUARY 19-21. 1980

WASHINGTON, D.C.

COLLEGE OF TOBACCO KNOWLEDGE

REGISTRATION FORM

NAME: GEORGE R. TELFORD		77,.
TITLE: Brand Manager	· '	
COMPANY: Lorillard	·	100
ADDRESS: 666 Fifth Avenue. New York, NY 10019		
PHONE: (212) 841-8787		
CHECK ONE: Please reserve a room for me a	t the Sher	aton-Carlto
X I will make my own housing arrangements.		

ARRIVAL DATE AND TIME: 2/18/80 7:00 P.M.

DEPARTURE DATE AND TIME: 2/21/80 4:00 P.M.

Please attach a brief (50 words or so) autobiographical sketch. Note your first name or nickname, your current professional responsibilities, employment background and whatever personal information you feel would be helpful in giving your fellow students an idea of your activities and interests. The sketches will be assembled and provided at the opening class session.

Any questions? Call Connie Drath or Carol Musgrave at 800/424-9876

^{**}PLEASE RETURN IN SELF-ADDRESSED ENVELOPE BY FRIDAY, JANUARY 18, 1980**