

THE TOBACCO INSTITUTE

SHERATON-CARLTON
HOTEL
WASHINGTON, D.C.

FIFTH ANNUAL
COLLEGE OF TOBACCO KNOWLEDGE

FEBRUARY 19-21, 1980

REGISTRATION FORM

NAME: Roland D. Hammer
TITLE: Brand Manager
COMPANY: Lorillard
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CHECK ONE: Please reserve a room for me at the Sheraton-Carlton.
 X I will make my own housing arrangements.

ARRIVAL DATE AND TIME: 8:00 P.M.

DEPARTURE DATE AND TIME: 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****

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