

# Symposium Registration Form

**Twelfth International Symposium on Neural Regeneration  
December 5-9, 2007  
Asilomar Conference Center, Pacific Grove, CA, USA**

Upon receipt of payment with this Registration Form,  
you will be sent an Asilomar Housing Registration Form.

**REGISTRATION FORM - TWELFTH INTERNATIONAL  
SYMPOSIUM ON NEURAL REGENERATION**

**December 5-9, 2007 - Asilomar Conference Center - Pacific Grove, CA**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I plan to present a poster  Yes  No (**Abstract Deadline is September 1, 2007**)

Please enclose a check/money order made out to "Regeneration Research Symposium"  
to cover the following:

|  |                |
|--|----------------|
| Registration Fee (regular)   | _____ \$100    |
| Registration for accompanying person (not attending the conference)*                 | _____ \$20     |
| Registration for a student, fellow or resident (with letter from training director)  | _____ \$30     |
| Please circle student status: Graduate Student Post-Doc M.D. Post-Doc Ph.D. Resident | _____ \$ Total |

Name of accompanying person: \_\_\_\_\_

Sorry, credit cards or purchase orders are NOT accepted. Please send a check drawn on a US bank or  
money order in US dollars.

Please mail this form plus payment to:

**Roger Madison, Ph.D., Director  
International Symposium on Neural Regeneration  
VA Medical Center (Bldg.16/Room 38)  
508 Fulton Street  
Durham, NC 27705 USA**

Questions? Please call (919)286-0411, ext. 7691, fax (919)286-6811 or email isnr@mc.duke.edu