

# Symposium Registration Form

## Thirteenth International Symposium on Neural Regeneration December 9-13, 2009 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 – THIRTEENTH INTERNATIONAL SYMPOSIUM ON NEURAL REGENERATION

December 9-13, 2009 – Asilomar Conference Center – Pacific Grove, CA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I plan to present a poster: YES \_\_\_ NO \_\_\_ (Abstract Deadline is September 1, 2009)

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

Registration Fee (attendee)	_____	\$100
Registration for accompanying person (not attending the conference)	_____	\$ 20
Registration for a student, fellow or resident (with letter from training director)	_____	\$ 30
	_____	\$ Total

Please circle student status:    Graduate Student          Post-Doc M.D.          Post-Doc Ph.D.          Resident

Name of Accompanying Person: \_\_\_\_\_

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