

4th Cellular and Molecular Treatments of Neurological Diseases Conference

Registration Form: (one per participant)

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____ **Country:** _____

Phone: _____ **Fax:** _____

Email: _____

Registration Fee: (includes continental breakfast and lunch)

\$150.00 ___ Students/Interns (w/letter)
\$150.00 ___ Harvard/HMS/HCNR/HSCI-affiliated
\$300.00 ___ Postdoctoral/Professional

Method of Payment: (check one below)

Check is enclosed Make checks payable to McLean Hospital

Bill my credit card the registration fee of (check one):

\$150.00 \$300.00

Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____

Please mail this registration form and your payment to:

McLean Hospital, MRC 125
115 Mill St., Belmont, MA 02478 USA

OR Fax this form with credit card information to: **617.855.2522**

This conference has a limited registration, please register early and get a confirmation prior to arranging travel.

Hotel Accommodations and Travel are the responsibility of the meeting attendees. A limited number of rooms have been reserved at:

The Sheraton Commander Hotel
16 Garden St., Cambridge, MA 02138
Phone: 1-888-627-7121
Fax: (617) 868-8322

Irving House (B & B)
24 Irving St., Cambridge, MA 02138
Phone: 1-877-547-4600
Fax: 617-576-2814

Mention *Cellular and Molecular Treatments Conference* to receive special room rate.

Cancellation Policy: A 30-day written notice of cancellation prior to the meeting is required. Any registrant who cancels after Aug. 29, 2006, will forfeit 50% of their registration fee.