Registration Form

International Society for the History of the Neurosciences (ISHN)
14th Annual Meeting
Francis Marion Hotel
Charleston, South Carolina USA
16 – 20 June 2009

Fees (U.S. Dollars)

Regular Full registration (ISHN members)  
# ____ @ $150.00 = $ _____

Non-member Full registration  
# ____ @ $200.00 = $ _____

Student Full registration (ISHN members)  
# ____ @ $100.00 = $ _____
(registered at any college or university in pursuit of a degree or full-time traineeship)

Accompanying Person registration  
# ____ @ $ 75.00 = $ _____
(spouse, relative, significant other)

Annual Banquet / Festive Dinner (Friday, June 19)  
# ____ @ $ 60.00 = $ _____
Includes pre-dinner reception and dinner. Vegetarian choice is available if requested in advance. Seating is limited. Reservations by ISHN members and their accompanying persons, and invited guests, will be accommodated with the highest priority until June 1; other (non-member) reservations received by that date and all applications thereafter will be accommodated on a first-come basis.

TOTAL = $ _____

Workshop (open only to Full Registrants; others welcome if seats are available)

How to Write a Book Review Workshop  
Tuesday, June 16, 3:30 – 5:30 p.m.  
___ Yes, I / we will attend

Social programs (open to Full Registrants and Accompanying Persons; included in registration)

Opening Reception  
Tuesday, June 16, 6:00 – 9:00 p.m.  
___ Yes, I / we will attend

Film Program: Les Yeux sans Visage  
Wednesday, June 17, 7:00 – 9:30 p.m.  
___ Yes, I/we may attend

Charleston Science Walk  
Thursday, June 18, late afternoon and early evening  
___ Yes, I / we will attend

Closing Reception  
Saturday, June 20, 3:00 p.m.  
___ Yes, I / we will attend
YOUR INFORMATION

Name
Institution/Affiliation
Street Address
City, State/Province, Zip/Postal code
Country
Telephone
Fax
E-mail
Name(s) of Accompanying Person(s)
Person(s) and type(s) of food restrictions

REGISTRATION AND PAYMENT INSTRUCTIONS  (Registration deadline MAY 15, 2009)

We sincerely regret that we cannot accept payment by credit or debit card at this time.

There are two payment options; please indicate which one you are using:

___  (1) Participants from the United States or with bank accounts in U.S. dollars should send a completed copy of this form with a check or money order or cashier’s check (paid to the order of ISHN), in United States dollars ($US) for your total registration and banquet fee, to the Treasurer of the ISHN.

___  (2) Other participants will deliver payment in $US to the ISHN Treasurer, Joel Vilensky, at the registration desk at the meeting. However, you should immediately FAX a completed copy of this form to him (with cover sheet, labeled “ATTENTION DR. JOEL VILENSKY”: 001-260-481-6408). If you choose to mail it, his address is: Dr. Joel A. Vilensky, Indiana University School of Medicine, 2101 E. Coliseum Blvd., Fort Wayne, IN  46805, USA.

If you wish confirmation of receipt of your registration material, please email Joel Vilensky at vilensk@ipfw.edu, requesting such confirmation.

Please make your reservations for HOTEL ROOMS directly with the hotel as soon as possible (before May 22), as explained on the ISHN website (http://www.ishn.org/call2009.pdf). Students needing student housing should contact Sherry Ginn, President of the ISHN, immediately, as in now, before April 10 (sginn@carolina.rr.com). Student housing will be unavailable after that date.