

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 ____ Yes, I / we will attend
Tuesday, June 16, 3:30 – 5:30 p.m.

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

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

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

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

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

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.