

Conference Registration Form

15TH ANNUAL MEETING OF THE INTERNATIONAL SOCIETY FOR THE HISTORY OF THE NEUROSCIENCES

PARIS, FRANCE - JUNE 15-19 2010

Fees (U.S. Dollars or Euros)

Full Registration includes 2 coffee breaks and lunches for 5 days.

Full registration for ISHN members #___ @ \$150 = \$ ___ #___ @ €130 = € ___

Non-member Full registration #___ @ \$200 = \$ ___ #___ @ €150 = € ___

Student Full registration #___ @ \$100 = \$ ___ #___ @ € 75 = € ___
(documentation required)

Accompanying Person #___ @ \$ 75 = \$ ___ #___ @ € 56 = € ___

Banquet Dinner at Charcot's House *La Maison de l'Amérique Latine* (see photographs)
3 courses, wine and coffee, luxurious French salons \$ 40 = \$ ___ #___ @ € 30 = € ___
Visit the website <http://www.mal217.org>

One day registration \$ 13 = \$ ___ #___ @ € 10 = € ___

TOTAL _____

IN ORDER TO ASSIST PLANNING PLEASE INDICATE WHICH YOU INTEND TO ATTEND :

EVENTS :

- Opening Reception
- Film session
- Social afternoon
- Organ concert

LUNCHES :

- Tuesday June 15
- Wednesday June 16
- Thursday June 17
- Friday June 18

Please indicate any dietary restrictions (be specific about any food allergies or prohibitions) for Lunch and for the Banquet if attending:

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PERSONAL INFORMATION

Name

Institution/Affiliation

Street address

City, State/Province, Zip/Postal Code

Country

Telephone

Fax

E-mail

Name(s) of accompanying person(s)

PAYMENT OPTIONS

SEND A CHECK OR MONEY ORDER OR CASHIER'S CHECK IN \$US PAID TO THE ORDER OF
ISHN TO THE TREASURER OF THE ISHN (JOEL VILENSKY)

or

DELIVER PAYMENT IN \$US OR € TO THE ISHN TREASURER (JOEL VILENSKY)
AT THE REGISTRATION DESK AT THE MEETING

RETURN TO JOEL VILENSKY

Email: vilensk@ipfw.edu / **Fax :** 001 260 481 6408 / **Postal Address :** Dr. J. Vilensky
Indiana University School of Medicine, 2101 E. Colsieum Bvd., Fort Wayne, IN 46805, USA

*Maison
de l'Amérique
Latine*

