

# Conference Registration Form

17TH ANNUAL MEETING  
INTERNATIONAL SOCIETY FOR THE HISTORY OF THE NEUROSCIENCES  
VENICE, ITALY - JUNE 19-23, 2012

All participants must complete and return this Registration Form

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Institution/Affiliation \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State/Province, Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name(s) of accompanying person(s) \_\_\_\_\_

## REGISTRATION FEES (U.S. Dollars or Euros) – Select one payment option:

**PAYMENT for Option 1: EURO – Bank Transfer**

Please effect bank transfer as per instructions in the Announcement and Call for Abstracts (<http://www.ishn.org/call2012.pdf>)

**PAYMENT for Option 2: US DOLLAR – Personal Check or Cashier's Check or Money Order**

Please send to the Treasurer of the ISHN a personal check or cashier's check or money order in \$US paid to the order of "ISHN":  
Dr. Joel Vilensky, Department of Medical Education, Indiana University School of Medicine, 2101 East Coliseum Blvd., Fort Wayne, IN 46805 USA  
Email: [vilensk@ipfw.edu](mailto:vilensk@ipfw.edu) Fax: 001 260 481 6408

**PAYMENT for Option 3: EURO – Cash (on site)**

Euro payment, in cash, at the Registration Desk on site at the meeting in Venice.

Registration Fees: select payment in either US Dollars (\$) or Euros (€)

	OPTION 2	OPTION 1 or OPTION 3
Full registration for ISHN members	# ___ @ \$ ___ = \$ ___	# ___ @ € ___ = € ___
Non-member Full registration	# ___ @ \$ ___ = \$ ___	# ___ @ € ___ = € ___
Student (documentation required) Full registration	# ___ @ \$ ___ = \$ ___	# ___ @ € ___ = € ___
Accompanying Person	# ___ @ \$ ___ = \$ ___	# ___ @ € ___ = € ___
One Day registration	# ___ @ \$ ___ = \$ ___	# ___ @ € ___ = € ___
Banquet Dinner at Fondazione Giorgio Cini	# ___ @ \$ 80 = \$ ___	# ___ @ € 60 = € ___
TOTAL	\$ ___	€ ___

Payment sent on (enter date): \_\_\_\_\_ as per Option 1 or Option 2

IN ORDER TO ASSIST THE PLANNING OF MEALS AND REFRESHMENTS, PLEASE INDICATE WHICH DAYS YOU INTEND TO ATTEND:

	<u>Tuesday, June 19</u>	<u>Wednesday, June 20</u>	<u>Thursday, June 21</u>	<u>Friday, June 22</u>	<u>Saturday, June 23</u>
Yes / Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No / Not Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

During the ISHN Meeting we are planning a Tour of Fondazione Cini. If you would like to take part, please indicate: YES  NO

SEND REGISTRATION FORM TO: [lorusso.lorenzo@gmail.com](mailto:lorusso.lorenzo@gmail.com) or [rosetta.rosati@alice.it](mailto:rosetta.rosati@alice.it) and SEND A COPY TO: [doctorginn@gmail.com](mailto:doctorginn@gmail.com)