# CONFERENCE REGISTRATION FORM

## 19TH ANNUAL MEETING

INTERNATIONAL SOCIETY FOR THE HISTORY OF THE NEUROSCIENCES  
BRUSSELS – BELGIUM – 30**TH** JUNE – 5**TH** JULY 2014

## FEES (Euros)

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Before 15th May</th>
<th>After 15th May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full registration: includes Get Together Party, Lunches from Tuesday to Saturday, and Excursion Day (coach, lunch, visits and guided tour)</td>
<td>€ 330</td>
<td>€ 370</td>
</tr>
<tr>
<td>ISHN member</td>
<td></td>
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<tr>
<td>Non-member</td>
<td></td>
<td></td>
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<tr>
<td>Accompanying person: includes Get Together Party and Excursion Day (coach, lunch, visits and guided tour) - does NOT include lunch on the other days</td>
<td>€ 140</td>
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<tr>
<td>Banquet at Cercle Gaulois (includes drinks)</td>
<td></td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
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</table>

## PERSONAL DETAILS

- NAME ________________________________  
- INSTITUTION ____________________________________  
- STREET ADDRESS ____________________________  
- CITY/STATE/PROVINCE/ZIP/POSTCODE ________________  
- TELEPHONE __________________________ FAX _______________________________  
- EMAIL _______________________________ VAT # _______________________________  
- NAME(S) ACCOMPANYING PERSON(S) ____________________________________________
PAYMENT OPTION:

**BANK TRANSFER** (Please clearly identify your details on transfer)

Bank name: BNP PARIBAS FORTIS  
Bank address: MONTAGNE DU PARC 3 
1000 BRUXELLES  BELGIUM  
IBAN: BE08 0017 1177 0013  
BIC: GEBABEBB  

**Payee name:** ISHN 2014  
**Reference to mention:** Surname/First name

All payments must be made in EUR. All bank collection fees are the sole responsibility of the registrant. 

Cancellation policy: No refunds will be made after registration

Send completed forms using **one** of the following options:

1. **Email**  
genevieve.aubert@uclouvain.be

2. **Fax**  
+32 764 28 31 « Attention Professor Geneviève Aubert »

3. **Post**  
Professeur Geneviève AUBERT  
Cliniques Universitaires Saint-Luc  
Service de Pneumologie, 2832  
Avenue Hippocrate 10  
B-1200 BRUXELLES  
BELGIUM

In order to avoid a waste of resources, please complete the following:

I will NOT attend the Get Together Party  
I will NOT participate to the Excursion Day  
Other (please be specific)  

Are you a member of ISHN?  
YES  
NO