

**CONFERENCE REGISTRATION FORM**  
**19<sup>TH</sup> ANNUAL MEETING**  
**INTERNATIONAL SOCIETY FOR THE HISTORY OF THE NEUROSCIENCES**  
**BRUSSELS – BELGIUM – 30<sup>TH</sup> JUNE – 5<sup>TH</sup> JULY 2014**

<b>FEES (Euros)</b>	<b>After 15<sup>th</sup> May</b>
<b><u>Full registration:</u></b> includes Get Together Party, Lunches from Tuesday to Saturday, and Excursion Day (coach, lunch, visits and guided tour).	
ISHN member	€ 330 _____
Non-member	€ 370 _____
<b><u>Accompanying person:</u></b> includes Get Together Party and Excursion Day (coach, lunch, visits and guided tour) - does NOT include lunch on the other days.	
	€ 140 _____
<b><u>Banquet</u></b> at Cercle Gaulois (includes drinks) Indicate how many persons ____ ; per person: € 80 _____	
<b><u>One-day registration:</u></b> NB These events are included in full registration and only applicable if you are attending for the single day.	
One day (please indicate Tue OR Wed OR Fri)	€ 85 _____
Saturday session	€ 60 _____
TOTAL	€ _____

<b>PERSONAL DETAILS</b>	
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