

CONFERENCE REGISTRATION FORM
23rd ANNUAL MEETING
INTERNATIONAL SOCIETY FOR THE HISTORY OF THE NEUROSCIENCES (ISHN)
CLEVELAND, OHIO USA
19 – 22 JUNE 2018

Please complete a separate Registration Form for each attendee

Did you submit an abstract for the meeting? YES _____ NO _____

FEES (US Dollars) – SEE NOTES BELOW

		<u>Before 6th May</u>	<u>After 6th May</u>	<u>Paid</u>
Full registration:	ISHN member ¹	\$ 350	\$ 450	_____
	Non-member ²	\$ 475	\$ 575	_____
	Full-time student (< age 28) ³	\$ 115	\$ 150	_____
1-day registration (per day) ⁴	ISHN member	\$ 115 x _____	\$ 150 x _____	_____
	Non-member	\$ 160 x _____	\$ 190 x _____	_____
Accompanying person (per day)		\$ 40 x _____	\$ 50 x _____	_____
Gala Dinner (accompanying person, student, or partial-conference registrant) ⁵		\$ 90	\$ 100	_____
			TOTAL \$	_____

PLEASE NOTE:

NO ONE WILL BE ALLOWED TO SPEAK AT THE MEETING WHO HAS NOT PAID FOR REGISTRATION.

1. Full registration for ISHN members includes Gala Dinner for that person.
2. Full registration for Non-members includes: (a) Gala Dinner for that person, (b) registration as an ISHN member, PLUS (c) a year's subscription to the *Journal of the History of the Neurosciences*.
3. Requires proof of full-time student status, presented at the conference registration desk.
4. Single-day registration charge is PER DAY of attendance with no adjustment made for partial-day attendance.
5. Gala Dinner charges are for accompanying persons, students, and partial-conference registrants who wish to attend the dinner. For full-conference registrants, the Gala Dinner is included with registration for that person (but not accompanying persons).

PERSONAL DETAILS

NAME: _____

NAME OF PERSON MAKING PAYMENT (IF DIFFERENT): _____

IF "ACCOMPANYING PERSON": WHOM ARE YOU WITH: _____

DAYS YOU WILL ATTEND: Tuesday June 19 Wednesday, June 20 Thursday, June 21
 Friday, June 22

INSTITUTION: _____

STREET ADDRESS: _____

CITY/STATE/COUNTRY/PROVINCE/ZIP/POSTCODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

SPECIFY ANY DIETARY NEEDS: _____

SPECIFY ANY ACCESSIBILITY NEEDS: _____

PAYMENT OPTIONS

PLEASE NOTE: THE ONLY OPTION FOR PAYING REGISTRATION FEES IS TO SEND A CHECK OR TO USE PAYPAL.

- 1) **Check (USD only):** Make check payable to **ISHN** and contact Sherry Ginn for remittance information at email address below; or
- 2) **PayPal:** Return to "ISHN2018 Registration and Payment" website (<http://www.ishn.org/ishn2018reg.html>) and use the **PayPal** button to make an online payment.

REGISTRATION SUBMISSION

Save this form as an email attachment saved in the following naming format: **yournameISHN18**
(for example: DougLanskaISHN2018.doc) -- and send to:

President **Doug Lanska:** douglas.lanska AT gmail.com

Secretary/Treasurer **Sherry Ginn:** doctorginn AT gmail.com