Registration Form

International Society for the History of the Neurosciences (ISHN)
13th Annual Meeting in Berlin, Germany
18 – 22 June 2008

Fees (Euros)

- **Regular Full registration** (ISHN members)  # ____ @ €100.00 = € ____
- **Non-member Full registration**  # ____ @ €125.00 = € ____
- **Student Full registration** (ISHN members)  # ____ @ € 50.00 = € ____
  (registered at any college or university in pursuit of a degree or full-time traineeship)
- **Accompanying Person registration**  # ____ @ € 50.00 = € ____
- **Annual Banquet / Festive Dinner** (Friday, June 20)  # ____ @ € 35.00 = € ____
  (This includes pre-dinner reception and dinner). Vegetarian choice is available if requested in advance. Seating is limited. Reservations by ISHN members and their accompanying persons, and invited guests, will be accommodated with the highest priority until June 1; other (non-member) reservations received by that date and all applications thereafter will be accommodated on a first-come basis.

**TOTAL** = € ______

**Workshops** (open only to Full registrants; others welcome if seats are available)

- **“How to Write a Book Review” Workshop**
  Wednesday, June 18, 10:00 - 12:00
  _____ Yes, I / we will attend

- **“Teaching Neuroscience History” Workshop**
  Wednesday, June 18, 14:00 - 16:00
  _____ Yes, I / we will attend

**Social programs** (open to Full registrants and Accompanying Persons; included in registration)

- **Opening Reception**
  Wednesday, June 18
  _____ Yes, I / we will attend

- **Excursion: Sites of Neuro-historical interest in Berlin** (by bus)
  Friday, June 20
  _____ Yes, I/we may attend

- **Virchow Museum (“The Ruin”) Lecture and dinner**
  Friday, June 20, 18:00 - 23:00
  _____ Yes, I / we will attend

- **Business meeting luncheon**
  Saturday, June 21
  _____ Yes, I / we will attend

- **Closing Reception**
  Sunday, June 22, Noon
  _____ Yes, I / we will attend
YOUR INFORMATION

Name _________________________________
Institution/Affiliation _________________________________
Street address _________________________________
City, State/Province, Zip/Postal code _________________________________
Country _________________________________
Telephone _________________________________
Fax _________________________________
E-mail _________________________________
Name(s) of Accompanying Person(s) _________________________________
Person(s) and type(s) of food restrictions _________________________________

REGISTRATION AND PAYMENT INSTRUCTIONS (Registration deadline May 1st, 2008)

There are three payment options; please indicate which one you are using:

___Option (1) Participants from the European Union or with bank accounts in Euros should send a completed copy of this form with a cheque or money order or cashier’s check (Überweisung) paid to the order of: ISHN2008, in European Currency Units, Euros (€) for your total registration and banquet fee, to the following account:
Account holder: Verein zur Förderung der Neurowissenschaft am MDC e.V.
Bank: Berliner Sparkasse
BLZ: 100 500 00
Account No.: 181 305 8705
IBAN: DE90 1005 0000 1813 0587 05
BIC: BELADEBEXXX

Please do not forget to indicate the key-word "ISHN2008" and your name and affiliation on the money transfer form. If the registration fee is paid by your institution, please advise them to do so. Also, please ensure that the amount remitted covers all incidental bank charges in addition to your ISHN registration costs.

The Treasurer of the ISHN Local Arrangements committee is:
Mrs. Meino Gibson
Max Delbrueck Center for Molecular Medicine (MDC)
Robert-Rössle-Str. 10
D-13125 BERLIN
Germany.
Tel: +49 30 9406 3336
Fax: +49 30 9406 3819
eMail: gibson@mdc-berlin.de
You may wish to immediately
Fax (+49-89-8578-3939) a copy of the completed form (with a cover sheet addressed to Georg W. Kreutzberg), or
e-mail (gwk@neuro.mpg.de) a copy of this form, to alert us that you will be registering.
In either case by doing this, you will “hold” a place for yourself (especially in the Workshops).

__Option (2) Participants using Credit Cards: Visa and MasterCard__ payments can be accepted. Please use the form which can be downloaded by clicking the "CCPayment Form" tab in the ISHN web site.

__Option (3) Other participants__ will deliver payment in Euros (€) to the staff at the registration desk by the start of the meeting. You should send a completed copy of this form to the chair of the Program and Local Arrangements committees immediately, however, in order to state your intentions of attending the meeting and to make reservations for the Workshops and Social programs! Send your completed form(s) to the address or Fax listed above; we will send confirmation that your form was received.

__Unless you have made special prior arrangements (see above), any presentation abstract(s) submitted to the meeting organizers will not appear in the meeting program until your registration payment(s) have been credited to the ISHN2008 bank account.__

__Please make your GUEST ROOM reservations directly with Harnack House as soon as possible (before April 22, 2008), as stated in our internet page (http://www.ishn.org/ishn2008.htm).__