

CONFERENCE REGISTRATION FORM

Please complete this Registration Form and mail or fax (813) 974-3078 it with your pre-registration fee so it will be received by **April 3, 2008**. **Do not mail this form after the deadline!** On-site registration will be held in Lobby #2 at the Sheraton Sand Key Resort.

Pre-Registration Fee:

Members

Regular/Fellows \$550

Associate Members (*Students*) \$350

NON-MEMBERS

Faculty, Exhibitors & Other Guest \$600

Students \$375

Registration Fee: (After April 3, 2008)

Members, Non-Members & Other Guests \$650

Students (*Members & Non-Members*) \$400

Guest Fee:

Accompanying Guests may pre-register for

Meals & Entertainment Only \$175

INFORMATION: (Please Print or Type)

DATE: _____

Last Name: _____

First Name: _____

University: _____

Street Address: _____

City, State, Zip Code: _____

Phone & Fax No: _____

Email Address: _____

Status: Regular
 Student

Exhibitor
 Other _____

PAYMENT BY CREDIT CARD:

Credit Card Number: _____

Check One: VISA MasterCard

(No other cards accepted)

Amount: \$ _____

Exp. Date: _____

Signature: _____

PAYMENT BY CHECK:

Amount Enclosed: \$ _____ Ck #: _____

Make checks payable to "ASNTR." (*Federal ID Number: EIN62-1576262*)

REFUND POLICY: Registration fees, minus a \$50 administrative handling fee, are refundable if a written request is received on or before April 7, 2008. Refunds cannot be granted after that date.

MAIL FORM & PAYMENT TO: Donna Morrison, Center of Excellence for Aging and Brain Repair, Department of Neurosurgery, MDC-78, University of South Florida COM, 12901 Bruce B Downs Blvd, Tampa, FL 33612