Neuroscience Retreat Registration Form, September 12-13, 2008
Pere Marquette Lodge & Conference Center, Grafton IL

Name: _____ **Degree:** _____
First Middle Last

SIU Dept: _____ **Mail Code** _____

E-mail: _____ ☐ **Male** ☐ **Female**

Name of Institution :(IF NOT SIU)_____

Address _____

City _____ **State** _____ **Zip** _____

Dietary Restrictions _____

Presentation:

☐ **None**

☐ **Short presentation**: 15-20 min. oral presentation. Faculty or those who represent the laboratory are encouraged to give such a presentation.

☐ **Data Blitz**: Data Blitz is a 5 min oral presentation.

☐ **Poster**

Payment and Accommodation:

Registration fee includes: One night's hotel room (September 12, Friday); Banquet (Friday evening); Breakfast and Lunch (Saturday); and Refreshments.

Faculty:	☐ **$50 shared room**	☐ **$90 private room**
Staff/Postdoctoral fellow/Resident:	☐ **$25 shared room**	☐ **$60 private room**
Student:	☐ **$20 shared room**	☐ **$50 private room**

Due to room limitations, we encourage room sharing with a colleague. If you checked shared room above, and do not list a roommate below, we will assign one to your room.

Name of Roommate: _____

Optional fees:

Guest Meals ($30 per adult guest, kids under 12 years of age free) ☐ **$30 per adult guest = $** _____

Guest name(s): _____

Make checks payable to SIUC (Activity Code: 09S0900301) **Total Amount Enclosed $** _____

Please write down the activity code on your check.

If paying by credit card other than a SIU P-card, please fill out the following:

Account # _____ **Exp. Date** _____
MM/YY

Print Name on Card: _____

SIU Departments must complete a transfer voucher.

Mail or Fax to Neuroscience Retreat, Division of Continuing Education, Southern Illinois University Carbondale, IL 62901-6705. Fax 618-453-5680.