

Association for the Study of Neurons and Diseases

REGISTRATION FORM

**Pain and Cortex Summer Meeting
August 14-15, 2017 – Toronto, Ontario**

Mr Mrs Ms Miss First Name: _____ Last Name: _____

Institution: _____ Position/Title: _____

Street Address: _____

City: _____ Province: _____ Country: _____ Postal: _____

Phone: _____ Email: _____

**Pain and Cortex Summer Meeting:
August 14-15, 2017**

- Speaker - \$800
- Industry - \$1000
- Student/Trainees/Postdocs - \$100

You may send your registration to: The Association for the Study of Neurons and Diseases. Please scan and send to us via email: neuronsanddiseases@gmail.com

REFUND DEADLINE: June 30, 2017

If you wish to present a talk or a poster please check the applicable box: Talk Poster

Title: _____

Payment Method: Visa*
 MasterCard*

Name on Card (please print): _____ Card Number: _____ Expiry Date (mm/yy): ____/____

Authorized Signature of the Cardholder

Date (mm/dd/yy)

*Canadian Dollars are used for all the transaction currencies. Application is only completed when application form is completed and payment has been received and processed. You will receive a membership confirmation email upon successful application. For additional information and questions please visit our website www.ANDinternational.org