

Association for the Study of Neurons and Diseases
REGISTRATION FORM
The 12th International Conference of Neurons and Brain Diseases
October 7-9, 2017 – Taormina, Italy

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

Institution: _____ Position/Title: _____

Street Address: _____

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

Phone: _____ Email: _____

→ **AND Membership:** Regular (100*) Student (\$50*) Affiliate (\$100*)

Signature of Applicant

Date (mm/dd/yy)

Note: By signing your name in the space above you have agreed to apply for 2017 AND membership. You need to apply for Membership if you are no longer a member on August 1, 2017 in order to qualify for the ICNBD registration discount. If you do not intend to apply for membership please do not sign above. For further information on membership eligibility, responsibilities and benefits, please check the AND website at <http://www.ANDinternational.org>.

**ICNBD Taormina Registration Fee:
October 7-9, 2017**

- AND Board Member - \$3000*
- AND Regular/Affiliate Members - \$1800*
- Academics & Industries (non-Members) - \$2500*
- Student/Trainees/Postdocs (Members) - \$100*
- Student/Trainees/Postdocs (non-Members) - \$200*

Banquet Dinner October €100

How many guests will you bring? _____ x €100.00 = € _____

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: AUGUST 1, 2017

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

Title: _____

This year we will offer three poster awards to those postdoctoral fellows / students with the most outstanding poster presentations:

- **The Kelly Wei Award** for best poster presentation in a mental health field
- **The Alaa El-Husseini Award** for best poster in synaptic mechanism
- **John F. MacDonald Award** for best over-all poster presentation

The awards amounts will be determined by how generously our AND members are able to contribute.

Yes! I would like to donate \$ _____ to the AND Poster Award Fund. Please charge to my credit card below.

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