

**ISNV**

**12<sup>th</sup> International Symposium on NeuroVirology**  
**2013 Conference on HIV in the Nervous System**  
**October 29-November 2, 2013 • Washington, D.C., USA**

## REGISTRATION FORM

### PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

Title (check one): ☐ Dr. ☐ Mr. ☐ Ms.Name: \_\_\_\_\_  
Last First MI

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Department

Institution

Street Address

City

State

Zip

Country

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate your ethnicity\*: ☐ Caucasian ☐ African American ☐ Hispanic  
☐ Native American ☐ Asian/Pacific Islander ☐ Other

\*Optional – This information is required during the submission of grants to federal organizations that fund Society activities

Will you be participating in the Symposium as a special needs registrant? ☐ Yes ☐ No (check one)

### REGISTRATION

Please select the appropriate status and registration fee (check one)

<input type="checkbox"/> ISNV Member \$675	<input type="checkbox"/> Non-member \$985	<input type="checkbox"/> Postdoc/Student Member \$365	<input type="checkbox"/> Postdoc/Student Non-member \$495
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The deadline for registration is **Tuesday, October 8<sup>th</sup>**. Registrations received after October 8<sup>th</sup> or on-site will be subject to a surcharge of 15%. **Please visit [www.isnv.org/shop](http://www.isnv.org/shop) to start or renew your ISNV membership.** Please indicate your plans to attend the following events, which are open to all registered meeting participants:

NIMH/NIH Eradication of HIV-CNS Reservoirs meeting (October 29 <sup>th</sup> ; see website)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(check one)
ISNV Symposium Opening Reception (October 29 <sup>th</sup> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(check one)
ISNV Pioneer Reception and Gala Dinner (November 1 <sup>st</sup> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(check one)

### PAYMENT

Pay by check: Please make checks (drawn on a U.S. bank/U.S. currency) payable to:  
**International Society for NeuroVirology**Pay by credit card: ☐ MasterCard ☐ Visa (check one)

Card number: \_\_\_\_\_ Card Security Code (3 digit): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Expiration date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

Fax or mail form to: International Society for NeuroVirology  
Department of Neuroscience  
Temple University School of Medicine  
Room 740 MERB  
3500 N. Broad Street  
Philadelphia, PA 19140  
Fax: (215) 707-9838

**Questions regarding  
symposium registration  
should be directed to the  
ISNV Administrative Office:  
(215) 707-9788 (voice),  
(215) 707-9838 (fax), or  
[mail@isnv.org](mailto:mail@isnv.org) (email)**