



ISNV

11th International Symposium on NeuroVirology
2012 Conference on HIV in the Nervous System
May 29-June 2, 2012 • New York, New York, 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

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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*Includes attendance at the Global NeuroAIDS Roundtable, Opening Reception, Pioneer Reception, and Gala (below). The deadline for registration is **Thursday, April 26th**. Registration received after April 26th or on-site will be subject to a surcharge of 15%. **Please visit www.isnv.org/shop to start or renew your ISNV membership.**

Will you be attending the Global NeuroAIDS Roundtable (May 29th; see web site)? Yes No (check one)

Will you be attending the ISNV Symposium Opening Reception (May 29th)? Yes No (check one)

Will you be attending the ISNV Pioneer Gala Dinner (June 1st)? Yes No (check one)

Will you be participating in the Symposium as a special needs registrant? Yes 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 (email)