

July 23-26, 2009
San Francisco, CA

REGISTRATION FORM

First Name: _____

Last Name: _____

Title/Suffix: _____

Affiliation: _____

Institution: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Country: _____ Telephone: _____

E-mail address: _____

Role at the Conference (required):

- Speaker
- General Attendee
 - Sponsor
 - Young Investigator
- Staff

Special Considerations (required):

- No consideration necessary
- Vegetarian meal
- Kosher meal
- Vegan Meal
- Hearing impaired – request listening assistance device
- Physically impaired – request physical assistance
- Other: _____

How did you hear about the ISPNE Annual Conference?

- E-mail notice
- Brochure/flyer
- Print advertisement
- On-line advertisement/banner ad
- Referred by colleague/friend
- Other: _____

Would you like to receive information about future ISPNE programs?

- Yes
- No

Registrant Last Name: _____



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REGISTRATION FEES (USD)	Until June 23, 2009	After June 23, 2009
Member - ISPNE	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Non-Member - ISPNE	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Day Registration* (select day)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$265
Student Rate - ISPNE Member **	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Student Rate - non-ISPNE Member **	<input type="checkbox"/> \$315	<input type="checkbox"/> \$365

OPTIONAL REGISTRATION

- Special event \$65
 - CME Certificate Fee \$25
- (must select if you desire to receive CME credit for attending the conference)

**Day registrants are entitled to attend the plenary sessions, symposia, continental breakfast and coffee for the selected day. Special events are not included.*

***Please note that there are a limited number of "Student" spaces available and these will be allocated on a first come, first served basis. In order to qualify for the "Student" fee you must submit a letter from your department head, supervisor or organization confirming your status to the conference organizer at meetings@ispne.org.*

Total Amount Due (in USD): _____

- Check
- Credit Card (please select)
 - VISA
 - MasterCard
 - American Express

Name as it appears on credit card: _____

Credit Card number: _____

Expiration Date: _____ 3 or 4-digit Security Code: _____

Billing address: _____

Terms & Conditions

- ISPNE reserves the right to cancel a course or to change any part of the program due to unforeseeable circumstances.
- Cancellation before July 8, 2009 will result in a refund of registration fees minus a \$100 administrative fee. Cancellations received on or after July 8, 2009 are not eligible for a refund. Refund requests must be made in writing and submitted to and received by Registration Services via e-mail (meetings@ispne.org).
- Full payment must be received with your registration to secure your space at the conference. Checks, money orders, VISA, MasterCard and American Express are accepted payments in U.S. funds only.
- Substitutions are allowed only with written consent of the original registrant.
- Recording devices and cameras, still or video, are prohibited.
- ISPNE may be taking photographs of speakers and participants during the conference or may use excerpts of any written materials or correspondence provided by speakers or participants for use in promotional materials.

We encourage you to check the website for updates on the program as well as information on the conference venue, accommodations and travel. If you have any questions, please do not hesitate to contact us at meetings@ispne.org. We look forward to meeting you in July!

Registrant Last Name: _____