WORKSHOP REGISTRATION FORM

Select Workshop. Please indicate first and second choice dates.

___ Spinal Cord Injury Research Methods
   ___ December 3-5, 2001
   ___ February 25-27, 2002
   ___ June 10-12, 2002
   ___ August 19-21, 2002

___ Microarray Techniques for Neuroscientists
   ___ December 6-7, 2001
   ___ February 28-March 1, 2002
   ___ June 13-14, 2002
   ___ August 22-23, 2002

Personal Information (Please Print)
Title: ___ Dr. ___ Ms. ___ Mr.

Family Name: __________________________  First Name: __________________________

Degrees: ________________________________

Institution, School, Organization, Company: ________________________________

Street Address: ________________________________

City/State/Postal Code/ Country: ________________________________

Telephone: ___________________________ Fax: ___________________________

e-mail: ________________________________

Special Interests or Questions:  Please indicate any areas of special interest. We will attempt to respond to specific requests. ________________________________

Special Needs:  We will make every effort to accommodate special dietary or physical access needs. Please describe: ________________________________

Workshop Registration
Your name will be listed for the date selected. Registration is not final until payment has been received.

___ Spinal Cord Injury Research Methods, $650.
___ Microarray Techniques for Neuroscientists, $500.
___ 10% discount for attending both workshops in the same week, $1,035.

Housing:
___ Please make hotel reservations at the Days Inn, South Plainfield, New Jersey.
   ___ Single, $63/night; ___ Double $72/night.  ___ Non-smoking, ___ Smoking.
   If double, name of person sharing room: ________________________________
___ I will make my own housing arrangements.
Transportation from Newark Airport
Please indicate your selection for transportation from Newark Airport.

____ The State Shuttle. Cost is $30.00 one-way from Newark. (You are responsible for making your own return reservations.)

____ Charge to my credit card ___ Check enclosed.

____ I will take a taxi at the airport. Cost is approximately $50 from Newark, plus tolls and gratuity.

____ Please reserve a private car for airport pickup. Cost is $83.00 from Newark for 1-2 people. ($10 for each additional person.). Includes curbside pickup, tolls, and tips.

____ Charge to my credit card ___ Check enclosed.

Flight Schedule
A page for your travel schedule is attached. When you have made your travel plans, please complete that form and return it.

____ My travel plans are enclosed.

____ My travel plans are pending. Will send form at later date.

Method of Payment
Registration, hotel reservations, and shuttle or private car are not considered final until a purchase order, credit card number, and/or check for full payment have been received. (Make check payable to: W.M. Keck Center for Collaborative Neuroscience.)

____ Purchase Order #_________. Purchase Order Total $ _________

____ is enclosed; ___ will follow.

Includes: ___ registration ___ hotel ___ shuttle ___ private car.

____ Check is enclosed. Check Total: $ _________

Includes: ___ registration ___ hotel ___ shuttle ___ private car.

____ Charge to my credit card. Credit Card Total: $ _________

____ registration ___ hotel ___ shuttle ___ private car.

Credit Card: ___ VISA ___ Master Card ___ American Express

Number: ____________________________ Expiration Date: ______

Print name as it appears on card: __________________________________________

Signature: __________________________________________

SEND THIS COMPLETED FORM WITH PAYMENT TO:
Attention: Workshop Registration
W. M. Keck Center for Collaborative Neuroscience
604 Allison Road, D-251
Piscataway, New Jersey 08854-8082 USA

QUESTIONS? Please call (732) 445-2061 or e-mail SCIProject@biology.rutgers.edu