



11th BCI2000 Workshop
May 30, 2016
Asilomar Conference Center * Monterey, California
Workshop Registration Form

Full Name: _____ First Name for Badge: _____

Organization: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

CONFERENCE FEE

- | | | |
|--|--------------------------|-------|
| Early Bird Registration (Received on or before May 15, 2016) | <input type="checkbox"/> | \$100 |
| Registration received between May 16 – May 22, 2016 | <input type="checkbox"/> | \$125 |
| Late Registration (Received on or after May 23, 2016) | <input type="checkbox"/> | \$150 |

REGISTRATION DEADLINE AND CANCELLATION POLICY

- Changes or substitutes are acceptable.
- Cancellations up to May 18, 2016 will receive a full refund.
- Contact ncan@neurotechcenter.org changes and/or cancellations.

THREE WAYS TO REGISTER

- By fax: [518-486-4910](tel:518-486-4910) completed registration form with credit card information.
- By email ncan@neurotechcenter.org

PAYMENT METHOD

- Check or Money Order payable to ***Health Research Inc.***
- Credit Card: _____ MasterCard _____ VISA

(3 digit code on reverse) _____ Exp. Date ____/____/____

PLEASE PRINT CLEARLY

Card Number _____

Cardholder's Name _____

Signature _____

QUESTIONS: 518-486-4911 or vaughan@neurotechcenter.org