10th International Symposium on NeuroVirology
2010 Conference on HIV in the Nervous System
October 12-16, 2010 • Milan, Italy

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)

❑ ISNV Member	❑ Non-member	❑ Postdoc/Student Member	❑ Postdoc/Student Non-member
$590	$890	$300	$430

*Includes attendance at the Satellite Workshop, Opening Reception, Pioneer Reception, and Gala (below). The deadline for registration is **Monday, September 27th.** Registration received after September 27th 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 Satellite Workshop (October 12th; see web site for details)? ❑ Yes ❑ No (check one)
Will you be attending the ISNV Symposium Opening Reception (October 12th)? ❑ Yes ❑ No (check one)
Will you be attending the ISNV Pioneer Gala Dinner (October 15th)? ❑ 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)