



ISNV

14th International Symposium on NeuroVirology
2016 Conference on HIV in the Nervous System
October 25-28, 2016 · Toronto, Ontario, Canada

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

Will you be participating in the Symposium as a special needs registrant? Yes No (check one)

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
---	--	--	--

On-site registrations will be subject to a surcharge of 15%. **Visit www.isnv.org/shop to start or renew your ISNV membership.** Negotiated room rates at the Omni King Edward Hotel are only guaranteed through September 23rd.

This year the ISNV and Ontario HIV Treatment Network (OHTN) are collaborating to host back-to-back meetings with a one-day overlap. Symposium attendees who also want to attend the HIV Endgame: Closing the Gaps in the Care Cascade meeting sponsored by the OHTN must register separately for the OHTN sessions on Monday and Tuesday. **If also registering for the 2016 HIV Endgame Conference please select the appropriate status and registration fee (check one).**

<input type="checkbox"/> OHTN Scientists/Faculty/Clinicians \$115	<input type="checkbox"/> Postdoc/Student \$40
--	--

Please indicate your plans to attend the following events, which are open to all registered meeting participants:

NIMH/NIH Pre-meeting (10/25) Yes No (check one)

ISNV Symposium Opening Reception (10/25) Yes No (check one)

ISNV Pioneer Reception and Gala Dinner (10/28)? 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

Questions regarding symposium registration should be directed to the ISNV Administrative Office:
• Voice: (215) 707-9788
• Fax: (215) 707-9838
• Email: mail@isnv.org