



Attendee Registration Form
Deadline February 20, 2009
3rd International Neurosurgical Winter Congress
March 22-29, 2009

To Return Form: Fax: 919-239-0266
Email: inerf@carolinaneuroscience.com
Mail: INERF Attn Lori Radcliffe
4030 Wake Forest Rd, Ste 115
Raleigh NC 27609 USA

Attendee Name

Hospital/Facility Name

Address

City

State

Zip

Country

Telephone

Fax

Email

REGISTRATION

Physician Registration Fee \$300 \$ _____

Accompanying Adult Fee \$100 \$ _____

Name(s) _____

Accompanying Child over 12 Years \$50 \$ _____

Name(s) and ages of all children:

Payment Information Visa Mastercard

Credit Card Number _____ Exp Date _____

I authorize INERF to charge my credit card for the above registration fees.

Print Name as it appears on credit card _____ Signature _____

Hotel Information
Snowbird Ski Resort
Cliff Lodge
Highway 210
Little Cottonwood Canyon
Snowbird UT 84092
www.snowbird.com