

Prepayment is required to secure your participation station.

Cancellation Policy

\$300 Fee for Notices Received More Than 60 Days in Advance.
Notices Received Less Than 60 Days Prior to Course Forfeit Total Fees Paid.
Refunds/Credits Will Not Be Issued for Failure to Attend Course In Part or In Whole.

May 17-19, 2012

Personal Information

First Name:	Last Name:	Degree:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital or Facility: <input type="text"/>		
Street/ PO Box:	City:	
<input type="text"/>	<input type="text"/>	
State:	Zip:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	Fax:	
(Country Code - Area Code - Phone)	(Country Code - Area Code - Fax)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
E-Mail Address: <input type="text"/>		

Registration Includes

Cadaver Dissection Practice (2 participants per station), Welcome Reception, 3 Lunches, and 2 Course Dinners for participant only. Spouses are an additional fee.

Registration Fee

- \$2000 - Per Participant (includes new 3rd Edition color illustrated manual)
- \$1500 - Repeat Participant after May 2010 (**bring your new book with you**)

I will attend the welcome reception (included in registration fee)

- Yes No

I will join the dinner banquet(s)(included in registration fee for participant only)

- Thursday night Yes No (additional guests # @ \$125 per person)
- Friday night Yes No (additional guests # @ \$125 per person)

Food Allergies or Restrictions: _____

Hotel

I will make my own hotel reservation

If you are being sponsored by a company for your hotel charges, contact the hotel directly at justine.lapierre@hilton.com

Please reserve my hotel accommodations using my credit card (\$89/night plus tax) Arrival Date Departure Date

Non Smoking Smoking

Method of Payment (Do not include hotel fees in registration payment).

Check (payable to INERF) Visa Master Card

Name on Card:

Card Number:

Expiration:

Total Due:

I authorize INERF to process my credit card for the items checked.
I understand the cancellation fee stated above.

Signature of Credit Card Holder

Date

Fax completed form with payment information to 919-239-0266 Attn: Lori Radcliffe or email to Lori at lori@carolinaneuroscience.com