



American Society for Experimental NeuroTherapeutics

Registration Information (please print or type below)
Early registration deadline: Monday, January 31, 2011
Pre-Registration Deadline: Friday, February 18, 2011

First Name: _____ Last Name: _____ Degree(s): _____

Affiliation: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Business Telephone: _____ Fax: _____ Email: _____

I require special ADA accommodation. Please describe: _____

ASENT fully complies with the legal requirements of the American with Disabilities Act (ADA) and the rules and regulations thereof.

Special dietary needs: _____

Registration Fees	By 1/31/11	After 1/31/11	Amount
<input type="checkbox"/> ASENT Member	\$350	\$425	\$
<input type="checkbox"/> Non-Member	\$425	\$475	\$
<input type="checkbox"/> Trainee Member	\$125	\$150	\$
<input type="checkbox"/> Trainee w/Accepted Poster Abstract	\$50	\$50	\$
<input type="checkbox"/> Non-Profit/Advocacy/Government	\$175	\$195	\$
<input type="checkbox"/> Pipeline Presenter	\$125	\$125	\$
Special Registration			
<input type="checkbox"/> Dinner Session Only	\$100	\$100	\$
Total Fees			<input style="width: 100px; height: 20px;" type="text"/>

Meeting Registration (Please check the appropriate box for all sessions you plan to attend.)

Thursday, February 24, 2011	Friday, February 25, 2011	Saturday, February 26, 2011
<input type="checkbox"/> 8:30 a.m. - 11:30 a.m. Outcomes Reconsidered <input type="checkbox"/> 1:00 p.m. - 4:15 p.m. Platform Technologies <input type="checkbox"/> 6:30 p.m. - 8:30 p.m. Dinner Session: How to Engage the Public in Neuroscience	<input type="checkbox"/> 8:30 a.m. - 11:30 a.m. Neuroinflammation <input type="checkbox"/> 1:00 p.m. - 5:00 p.m. Pipeline Session	<input type="checkbox"/> 8:45 a.m. - 11:30 a.m. International Symposium

Method of Payment

Check enclosed: make payable to ASENT. Checks must be payable in U.S. dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. Check with your local bank before processing.

MasterCard Visa AMEX

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Cancellation/Refund Policy

Refund and cancellation requests must be received in writing by Friday, February 18, 2011 to be eligible for a refund, less a \$50 administrative charge. No refunds will be issued after February 18, 2011.

Complete this form and return to:

ASENT, 342 North Main Street, Suite 301, West Hartford, CT 06117-2507 • Fax: (860) 586-7550
Questions? Email info@asent.org • Telephone (860) 586-7570