

Registration Form

International Society for the History of the Neurosciences (ISHN)

12th Annual Meeting
Los Angeles, California, USA

19 – 23 June 2007

Fees (U.S. Dollars)

Regular Full registration (ISHN members) # ____ @ \$100.00 = \$ ____

Non-member Full registration # ____ @ \$125.00 = \$ ____

Student Full registration (ISHN members) # ____ @ \$ 50.00 = \$ ____
(registered at any college or university in pursuit
of a degree or full-time traineeship)

Accompanying Person registration # ____ @ \$ 50.00 = \$ ____
(spouse, relative, significant other)

Annual Banquet / Festive Dinner (Thursday, June 21) # ____ @ \$ 30.00 = \$ ____
Includes pre-dinner reception and dinner. Vegetarian
choice is available if requested in advance. Seating is limited.
Reservations by ISHN members and their accompanying
persons, and invited guests, will be accommodated with the
highest priority until June 1; other (non-member) reservations
received by that date and all applications thereafter will be
accommodated on a first-come basis.

TOTAL = \$ ____

Workshops (open only to Full registrants; others welcome if seats are available)

National Library of Medicine Resources Workshop ____ Yes, I / we will attend
Tuesday, June 19, 10:00 a.m. – 12:00 noon

Oral History Workshop ____ Yes, I / we will attend
Tuesday, June 19, 2:00 – 4:00 p.m.

Social programs (open to Full registrants and Accompanying Persons; included in registration)

Opening Reception ____ Yes, I / we will attend
Tuesday, June 19, 6:00 – 9:00 p.m.

Film Program: *Masters of Illusion* (Westwood on Wilshire Hotel) ____ Yes, I/we may attend
Wednesday, June 20, 8:00 – 9:30 p.m.

Huntington Library and Museum luncheon ____ Yes, I / we will attend
Friday, June 22, afternoon

Business meeting luncheon ____ Yes, I / we will attend
Saturday, June 23, 11:30 a.m. – 1:30 p.m.

Closing Reception ____ Yes, I / we will attend
Saturday, June 23, 3:00 p.m.

YOUR INFORMATION

Name _____

Institution/Affiliation _____

Street address _____

City, State/Province, Zip/Postal code _____

Country _____

Telephone _____

Fax _____

E-mail _____

Name(s) of Accompanying Person(s) _____

Person(s) and type(s) of food restrictions _____

REGISTRATION AND PAYMENT INSTRUCTIONS (Registration deadline **June 1, 2007**)

We sincerely regret that we cannot accept payment by credit or debit card at this time.

There are two payment options; please indicate which one you are using:

___ (1) **Participants from the United States or with bank accounts in U.S. dollars** should send a completed copy of this form with a *check* or *money order* or *cashier's check* (paid to the order of: **ISHN**), in **United States dollars (\$US)** for your *total registration and banquet fee*, to the chair of the Program and Local Arrangements committees:

Russell A. Johnson
History & Special Collections Division
Lousie Darling Biomedical Library
UCLA
Los Angeles, California 90095-1798 USA

You may wish to immediately (a) Fax (+1-310-825-0465) a copy of the completed form (with a *cover sheet* addressed to Russell Johnson), or (b) send an e-mail (**rjohnson@library.ucla.edu**) to alert us you will be registering. By doing this, you will "hold" a place for yourself (especially in the Workshops). Be sure also to send a paper copy of the completed form, with your payment, by surface/air mail.

___ (2) **Other participants** will deliver payment in \$US to the ISHN Treasurer, Joel Vilensky, at the registration desk at the meeting. You should send a completed copy of this form to the chair of the Program and Local Arrangements committees immediately, however, in order to state your intentions of attending the meeting and to make reservations for the Workshops and Social programs! Send your completed form(s) to the address or Fax listed above; we will send confirmation your form was received.

Please make your reservations for HOTEL ROOMS directly with the hotel as soon as possible (before June 1), as explained in the program (<http://www.ishn.org/ishn2007.htm>)