

REGISTRATION FORM

On-line Registration is available at www.childneurologysociety.org

SEND TO

Child Neurology Society
1000 West County Road E, Suite 290
St. Paul, MN 55126

QUESTIONS?

Contact CNS National Office
Tel: 651-486-9447 | Fax: 651-486-9436
e-mail: nationaloffice@childneurologysociety.org
web: www.childneurologysociety.org

SPECIAL REQUESTS

Dietary Needs/Requests _____
Handicap Access _____
Other _____

REGISTRATION FEE SCHEDULE

Registration Fee includes admission to all educational functions (one exception – Wednesday NDC Symposium: Additional \$150.00 fee), Wednesday opening reception, continental breakfasts, coffee breaks, Friday box lunch, Friday reception and banquet, CME credit.

Fixed fee—no partial/day fees available.

EARLY REGISTRATION FEE

(Received by September 13)

<input type="checkbox"/> Active Member	\$475.00
<input type="checkbox"/> Emeritus Member	\$275.00
<input type="checkbox"/> Junior Member (to qualify, must be CNS Junior Member)	\$225.00
<input type="checkbox"/> Junior Member Presentor (to qualify, must be 1. CNS Junior Member, AND 2. First author of accepted abstract)	Fee waived
<input type="checkbox"/> Resident/Trainee (non-CNS member)	\$350.00
<input type="checkbox"/> ACNN (nurse) Member	\$275.00
<input type="checkbox"/> Nurse (non-ACNN member)	\$325.00
<input type="checkbox"/> Non-CNS Member	\$575.00
<input type="checkbox"/> Wed. NDC Symposium	\$150.00
<input type="checkbox"/> Extra Banquet Ticket	\$ 75.00

TOTAL ENCLOSED _____

Please sign and accurately enter credit card information.
Checks payable in US funds only to Child Neurology Society.

REGISTRATION CONFIRMATION

- **E-mail confirmation only** (include address)
- Hotel registration and confirmation must be handled independently with the meeting hotels.

CANCELLATIONS AND REFUNDS

- Cancellations received in writing on or before September 13 will receive full refund (less \$75.00 administrative fee).
- The CNS assumes significant non-refundable financial/contractual obligations one month prior to meeting, for which reason no refunds of registration fees will be made after September 13.

LATE OR ON-SITE REGISTRATION

(Received after September 13)

<input type="checkbox"/> Active Member	\$525.00
<input type="checkbox"/> Emeritus Member	\$325.00
<input type="checkbox"/> Junior Member (to qualify, must be CNS Junior Member)	\$275.00
<input type="checkbox"/> Resident/Trainee (non-member)	\$375.00
<input type="checkbox"/> ACNN (nurse) Member	\$325.00
<input type="checkbox"/> Nurse (non-ACNN member)	\$375.00
<input type="checkbox"/> Non-CNS Member	\$625.00
<input type="checkbox"/> Extra Banquet Ticket	\$75.00

TOTAL ENCLOSED _____

Please sign and accurately enter credit card information.
Checks payable in U.S. funds only to Child Neurology Society.

Name _____
Degree (for nametag: MD, PhD, RN, etc) _____
Address _____
City _____ State _____ Zip _____
Tel _____ Fax _____
e-mail (very important): _____
VISA or MasterCard# (no American Express) _____
Signature _____ Exp Date _____

ADVANCE REGISTRATION REQUIRED/RECOMMENDED

WEDNESDAY | OCTOBER 13

Advance Registration **REQUIRED**

NO ON-SITE ADMISSION

**MUST REGISTER ON-LINE OR BY FAX/
MAIL ON OR BEFORE September 13.**

SYMPOSIUM I: NDC SYMPOSIUM–

Cerebrovascular Diseases

\$150.00 additional course fee required

THURSDAY | OCTOBER 14

Advance Registration **Requested** –

To ensure proper room assignments and handouts for the meeting, please indicate which session you are MOST LIKELY to attend (check ONE):

- Breakfast 1: Autoimmune Disorders
- Breakfast 2: Neurocritical Care for Neonates
- Breakfast 3: Bioethics
- Moderated Poster Session

FRIDAY | OCTOBER 15

Advance Registration **Requested** –

To ensure proper room assignments and handouts for the meeting, please indicate which session you are MOST LIKELY to attend (check ONE):

- Breakfast 4: Vascular Anomalies of the Brain
- Breakfast 5: NIH Childhood Absence Epilepsy Study
- Breakfast 6: Neurofibromatosis I and II
- Junior Member Seminar: Meet the Editors

SATURDAY | OCTOBER 16

Advance Registration **Requested** –

To ensure proper room assignments and handouts for the meeting, please indicate which session you are MOST LIKELY to attend (check ONE):

- Breakfast 7: Demyelinating Disorders
- Breakfast 8: Down Syndrome
- Breakfast 9: Status Epilepticus