



**San Francisco Neurological Society Annual Meeting
March 11-13, 2005 - Registration Form**

First Name _____ Initial _____ Last Name _____ Degree _____
Institution _____ Dept/Mailstop/Suite _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Fax _____ E-mail _____

Fees: (please check the appropriate boxes)

By February 25 After February 25 and Onsite

SFNS Member Meeting ____ \$85.00 ____ \$95.00 (includes 8 CME credits, Syllabus, President's Reception, Continental Breakfasts & Coffee Breaks)

Non-Member Meeting ____ \$125.00 ____ \$140.00 (includes 8 CME credits, Syllabus, President's Reception, Continental Breakfasts & Coffee Breaks)

Allied Health Prof. ____ \$45.00 ____ \$55.00 (includes Meeting, Syllabus, President's Reception, Breakfasts & Coffee Breaks).

***Resident/Fellow** ____ FREE ____ \$25 (includes 8 CME credits, Syllabus, President's Reception Continental Breakfasts & Coffee Breaks)

*(Please e-mail a letter of training status to joefner@sfneurological.org)

Accompanying Person ____ \$40 ____ \$40 (includes President's Reception and Breakfasts)
Children under 12 are FREE and welcome to attend the President's Reception and Continental Breakfasts

Saturday Evening Reception & Society Dinner \$65 per person: ____ people X \$65.00 each = \$ _____

SF Neurological Society Membership Renewal/Enrollment Fee for 2005 - \$75.00

Saturday Golf Tournament (includes green fees for 18 holes, cart & box lunch): \$125 per person = \$ _____

Total Fees: \$ _____ Name of Accompanying Person: _____

Payment Method: Visa Mastercard American Express Check **Payment Total:** \$ _____

Card Number

Expiration Date

Cardholder Name

Signature

Special Needs: If you need special arrangements, such as a special diet or accessibility assistance, please call 650-216-6621 or e-mail joefner@sfneurological.org or fill in here: _____

The SF Neurological Society is incorporated as a 501(c)(6) non-profit organization. Our corporate Tax ID number is **51-0478773**.

- **Register online** (and/or renew/enroll SFNS Membership dues online) and make secure credit card transactions or print a personalized invoice to mail in with a check - www.sfneurological.org
- **Fax** your registration form and credit card information to the SF Neurological Society **650-556-1678**
- **Mail** the registration form with a check made out to
San Francisco Neurological Society (SFNS), 930 Edgecliff Way, Redwood City, CA 94061.

Cancellations made by **March 8** will receive a full refund less a \$25 handling fee. No refunds can be made after March 9 as hotel guarantees will have been made. Cancellations must be made in writing by e-mail to joefner@sfneurological.org or by FAX to 650-556-1678.