



# EPILEPSY PIPELINE UPDATE: PORTAL INTO CNS

Thursday-Friday, February 25-26, 2010  
San Francisco, California

## REGISTRATION FORM

Submit by email attachment to [conference@epilepsytherapyproject.org](mailto:conference@epilepsytherapyproject.org).  
or by fax to 480-247-9490

The conference venue has limited seating. Registration will be limited to the space available.  
**The early registration deadline has been extended to January 15, 2010.** Early registration is encouraged.

Use as much space as needed for the following information.

Name	
Affiliation	
Email address	
Postal address	
Office Telephone number	Include country code if not USA
Mobile Telephone Number	Include country code if not USA
What is the best way to communicate with you?	Email <input type="checkbox"/> Office Tel <input type="checkbox"/> Mobile Tel <input type="checkbox"/>
Will you need a hotel room for February 24 or 25? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>	
Describe any accommodation needed for disability:	

Registration Fees (check one category):	Academic	Corporate
<u>Early registration</u> (by January 22, 2010):	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
<u>Late Registration</u> (Jan 23 to Feb 5, 2010):	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600
<u>On-Site Registration</u> (Feb 6 to Feb 25, 2010):	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750

### Method of Payment (payment must accompany registration)

- Charge to my credit card \$\_\_\_\_\_
  - Visa
  - Master Card
    - Cardholder Name: \_\_\_\_\_
    - Card Number: \_\_\_\_\_
    - Card Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

- Check (in US dollars)
  - Make the check payable to: Epilepsy Therapy Project.

**Send by post to:**  
EPILEPSY THERAPY PROJECT  
PO Box 742- Middleburg, VA 20118

**Send by courier to:**  
EPILEPSY THERAPY PROJECT  
10 North Pendleton St, Middleburg, VA 20117

Telephone: 540-687-8077, FAX: 480-247-9490