

REGISTRATION FORM

Satellite Symposium

SPINAL CORD PLASTICITY IN MOTOR CONTROL

8:00 am-5:00 pm on Friday, November 14, 2014

Georgetown Room, Marriott Marquis, DC

Check One:

Student: \$25 Postdoc/Fellow/Lab Tech/Intern: \$50 Other: \$100

First Name: _____ Last Name: _____

Degree: _____ Title: _____

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Institution: _____

Email: _____ Phone: _____

Would you like to present at the symposium? Yes No

If Yes: Oral or Poster (Oral presentations are not guaranteed)

Title of presentation: _____

Abstract of presentation (max 200 words, please attach)

Payment (check one)

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Send registration form and payment to:

Email: sophia.pallone@health.ny.gov

Voice: 518-473-3631; Fax: 518-486-4910

Mail: Sophia Pallone, C522, Wadsworth Center, NYS DOH, PO Box 509, Albany, NY, USA 12201-0509

**You are not registered until payment is received.
Receipts and confirmation will be sent.**

If you need financial assistance or would like to sponsor a student, please contact Sophia Pallone.
sophia.pallone@health.ny.gov