

11TH INTERNATIONAL CONFERENCE ON ALZHEIMER'S DRUG DISCOVERY

Jersey City, NJ • September 27-28, 2010 • Hyatt Regency Jersey City

REGISTRATION FEE INCLUDES:

- Access to the conference sessions
- Program book inclusive of presentations and speaker bios (pending speaker approval)
- Continental breakfast and lunch (both days)
- Morning and afternoon coffee breaks (both days)
- Networking reception (September 27, 2010)
- Access to the exhibit area

ACCOMMODATIONS:

A block of discounted guest rooms is reserved at the Hyatt Regency Jersey City. For reservations, please call +1.201.469.1234 and mention the "Alzheimer's Drug Discovery" group.

The number of rooms is limited, so make arrangements as soon as possible.

CHANGES TO THE PROGRAM: Although great care has been taken in preparing and updating the meeting program, the organizers cannot be held responsible or accept any liability for inaccuracies or omissions and cannot be held responsible for any damage, loss or costs resulting from the compiled information.

LIABILITY: The meeting organizers and the secretariat will not accept liability for any personal injury, damage or loss that may occur during or directly arising from this meeting. In addition, the meeting organizers reserve the right to change the contents, venue and/or time as necessary.

CANCELLATIONS: Cancellations must be made in writing. A full refund minus a \$35 processing fee is available through August 2. No partial refunds will be made available. Fax requests for cancellation to World Events Forum, Inc. at +1.208.575.5453.

CHANGES: Changes to attendee information or registration substitutions must be made no later than September 17, 2010.

FAX COMPLETED FORM TO:

+1.208.575.5453

or
MAIL TO:

World Events Forum, Inc.
5030 N Marine Drive, Suite 2608
Chicago, IL 60640 - USA

Questions about registration should be addressed to:

World Events Forum, Inc.
5030 N Marine Drive, Suite 2608
Chicago, IL 60640 - USA
+1.773.784.8134 (tel)
+1.773.782.6747 (tel)
+1.208.575.5453 (fax)
meetings@worldeventsforum.com

Visit us online at:
www.alzdiscovery.org

SINGLE REGISTRATION (all fees in US Dollars)	EARLY BIRD (Received by August 6, 2010)	STANDARD (Received after August 6, 2010)	AT DOOR	SELECT
Post-Doc. Student, Grad. Student*	\$225	\$275	\$300	
Academic and Government	\$300	\$375	\$425	
Industry	\$550	\$650	\$700	
Reception Guest**	\$35	\$35	\$35	
Media	\$0	\$0	\$0	
* Proof of academic status will be required ** Access to the networking reception only, September 27, 2010				
TOTAL AMOUNT DUE \$				

REGISTRANT INFORMATION

REGISTRANT 1 (all fields marked * are required)

Registrant's First Name* _____ Registrant's Last Name* _____ Registrant's Middle Initial _____

Registrant's Name (as it should appear on the badge)* _____ Suffix* (PhD, MD, MD/PhD, MS, etc.) _____

Registrant's Organization* _____ Registrant's Department _____

Registrant's Address* _____

Registrant's City, State/Province, Zip Code* _____ Registrant's Country* _____

Registrant's Email Address* _____ Registrant's Telephone* _____

Special Requirements (accessibility, TDD, diet, etc.) _____

Include my name and contact info in the conference handbook Include only my name and organization in the conference handbook Do not include my name or contact info in the conference handbook.

REGISTRANT 2

Registrant's Name (as it should appear on the badge) _____ Registrant's Position/Title _____

Registrant's Organization _____ Registrant's Department _____

Registrant's Email Address _____ Registrant's Telephone _____

Special Requirements (accessibility, TDD, diet, etc.) _____

Include my name and contact info in the conference handbook Include only my name and organization in the conference handbook Do not include my name or contact info in the conference handbook.

RECEPTION GUEST

Guest's Name (as it should appear on the badge) _____

METHOD OF PAYMENT

Check payable to Alzheimer's Drug Discovery Foundation (checks should be drawn ONLY on a US bank)

Visa Discover

MasterCard JCB

please note that we do not accept American Express

Name as it appears on the Credit Card _____

Credit Card Number _____

Expiration Date _____

Security Code (last three digits on the back of your card) _____

Signature _____

Billing Address (if different from above) _____

Billing Address (cont.) _____

City/State or Province/Zip Code or Postal Code _____

Country _____