



# 5<sup>TH</sup> INTERNATIONAL CONFERENCE ON ALZHEIMER'S DISEASE AND RELATED DISORDERS IN THE MIDDLE EAST

Limassol, Cyprus – May 15-17, 2009

## REGISTRATION FORM

**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 \$30 processing fee is available through February 2, 2009. No partial refunds will be made available. Fax requests for cancellation to World Events Forum, Inc. at +1.208.575.5453.

**SUBSTITUTIONS:** Changes to attendee information or registration substitutions must be made no later than May 1, 2009.

### REGISTRATION INFORMATION (ALL FIELDS ARE REQUIRED):

REGISTRANT - FULL NAME:

NAME AS YOU WISH TO APPEAR ON BADGE:

TITLE (MD, PhD, etc.):

POSITION:

YOUR AFFILIATION:

Academia

Industry

Private Practice

Government

Media

ORGANIZATION

DEPT

MAILING ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE (incl. country code)

FAX

EMAIL

Any specific requirements, allergy, disability, etc: \_\_\_\_\_

Include your name in attendee list?

Yes, name and contact info

Yes, only name

No, do not include

### OTHER REGISTRANTS (IF REGISTERING MORE THAN YOURSELF)

REGISTRANT 2 - FULL NAME:

NAME AS YOU WISH TO APPEAR ON BADGE:

REGISTRANT 2 - TITLE (MD, PhD, etc.):

POSITION:

REGISTRANT 2 - AFFILIATION:

Academia

Industry

Private Practice

Government

Media

Public-at-Large

REGISTRANT 2 - EMAIL

Any specific requirements, allergy, disability, etc: \_\_\_\_\_

Include your name in attendee list?

Yes, name and contact info

Yes, only name

No, do not include

REGISTRANT 3 - FULL NAME:

NAME AS YOU WISH TO APPEAR ON BADGE:

REGISTRANT 3 - TITLE (MD, PhD, etc.):

POSITION:

REGISTRANT 3 - AFFILIATION:

Academia

Industry

Private Practice

Government

Media

Public-at-Large

REGISTRANT 3 - EMAIL

Any specific requirements, allergy, disability, etc: \_\_\_\_\_

Include your name in attendee list?

Yes, name and contact info

Yes, only name

No, do not include

## MEETING REGISTRATION FEES (all in US Dollars)

Registration to the 5<sup>TH</sup> INTERNATIONAL CONFERENCE ON ALZHEIMER'S DISEASE AND RELATED DISORDERS IN THE MIDDLE EAST  
Limassol, Cyprus – May 15-17, 2009 includes:

- Attendance at all sessions of the conference
- Symposium Kit/conference handbook (meeting details, speaker info, abstracts)
- Networking Event
- Two light lunches and four coffee breaks

REGISTRATION	EARLY BIRD (received before February 2, 2009)	STANDARD (Received after February 2, 2009)	ABSTRACT SUBMITTERS	MEMBERS OF THE CYPRUS NEUROLOGICAL SOCIETY	NUMBER OF REGISTRANTS	TOTAL
Post-Doctoral/Student*	\$200	\$275	\$200	\$200		
Academia and Government	\$300	\$375	\$300	\$200		
Industry/Private Practice Delegate	\$400	\$475	\$400	\$300		
Networking Event Guest Ticket**	\$75	\$75		\$75		
CME Certificate	\$50	\$50		\$50		
Media***	\$0	\$0		\$0		
<b>GRAND TOTAL</b>						

\* Proof of academic status will be required. \*\* Guest access to the networking reception only, May 16, 2009. \*\*\*Proof of affiliation w/media organization will be required.

I have read and agreed to the terms listed above \_\_\_\_\_  
Signature

**You will need to mail a check or fax your credit card information or complete your wire transfer as indicated below.**

**A. If paying by CHECK**, please mail your payment along with the first two pages of this registration form to:

WORLD EVENTS FORUM, Inc.  
attn: Nico Stanculescu 5030 N Marine Drive, Suite 2608, Chicago, IL 60640 USA

*All checks should be drawn on US banks and made in US dollars. US money orders and travelers' checks are also accepted. Checks returned due to insufficient funds will incur a \$20 return check charge plus the original amount.*

**B. If paying by WIRE TRANSFER**, please contact us.

*Please note that ALL fees associated with this wire transfer are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees. In addition to this, please make sure the Conference name and the Registrant's Full Name are listed on the bank transfer.*

**C. If paying by CREDIT CARD**, please complete all fields below and fax all three pages of this registration form to **+1.208.575.5453**:

Visa     MasterCard     Discover     JCB    (We do not accept American Express)

Name as it appears on the card:

Credit Card Number:

Expiration Date:

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

Billing Address (if different from the one on page 1):

Signature:

Date:

