

# Disease Therapeutics Symposia USA – 2014 on 'Neuron/Optogenetics, & Microbiome Meetings'

as of September 25, 2014

Venue: Courtyard MARRIOTT, 777 Memorial Drive, Cambridge, Massachusetts 02139, USA  
**December 3 – 4, 2014**

## REGISTRATION FORM

GeneExpression Systems, Inc. P.O. Box 540170, Waltham, MA 02454-0170 USA  
Tel: 781-891-8181; Fax: 781-730-0700 OR Fax: 781-891-8234;  
Email: [Genexpsys@expressgenes.com](mailto:Genexpsys@expressgenes.com); [www.expressgenes.com](http://www.expressgenes.com)

**CHECK ONE:** Neuron & Optogenetics Meeting \_\_\_\_\_, Microbiome Meeting \_\_\_\_\_,

Register the following Industry delegate(s) for this conference: US \$1199

Register the following Academia/Government delegate(s): US \$ 699

Register the following PhD students: (fax a copy of your id) US \$ 399

**REGISTRATION COSTS INCLUDES: Break refreshments for two days, but NOT Room accommodation**

Poster presentation (Abstract handling fee; Poster Size: W 3 Ft x L 4 ft) US \$ 100

### LATE FEE:

Registration Charges from Oct.17 to Oct. 31: additional \$ 50 \_\_\_

Registration Charges from Nov. 01 to Nov. 15: additional \$100 \_\_\_

Registration Charges from Nov. 16 to Nov. 30: additional \$150 \_\_\_

On site Registration (December 2 - 4): additional \$ 200 \_\_\_

**Cancellation policy:** Substitutions are always welcome.

Cancellations before 60days 50% refund

Cancellations before 90days: 70% refund

Cancellations before 30 days NO REFUNDS

**Name (print first, then last):** \_\_\_\_\_

**Title/Designation:** \_\_\_\_\_

**Company/Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code/Country:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Payment Method:

Check enclosed: \_\_\_ **CHECKS CAN BE WRITTEN IN EITHER: US \$ or UK £ or Euros €and**

Bill my company: \_\_\_ **Mail to:** PO Box: 540170, Waltham, MA 02454-0170, USA

**Charge my credit card:** (check one) **TRANSACTIONS WILL BE PROCESSED IN US DOLLAR CURRENCY**

Amex  Visa  MasterCard  Discover

**Billing Address** (If different than the above)

Card Number: \_\_\_\_\_ Security Code # (front/back on card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Street: \_\_\_\_\_

Name (as shown on card): \_\_\_\_\_ City/Country: \_\_\_\_\_

Signature of the cardholder \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about this meeting? **Ad in Journal (circle):** Science, Nature, Cell, Genes & Dev,  
Neuron, GES-Email Alert \_\_, GES website \_\_, Poster \_\_, Post Card \_\_, Brochure \_\_, Other Web Ad \_\_, Referral \_\_.