

**INTERNATIONAL CONGRESS ON SCHIZOPHRENIA RESEARCH
28 March – 01 April 2009**

ONSITE Registration Form

By Email: icosr@experient-inc.com

By Fax: (001) 301-694-5124 (requires credit card information)

By Mail: ICOSR Registration & Housing Bureau; PO Box 714846; Columbus, OH 43271-4846

Questions: (001) 301.694.5243 or TOLL FREE: 866-229-3691 Mon – Fri 8:30am – 5:00pm EST

Last Name: _____ First Name: _____ Middle: _____

Degree: (MD, PhD, etc) _____

Institution Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____
(Include country code) (Include country code)

Registration	ONSITE
<input type="checkbox"/> General Registration	\$900
<input type="checkbox"/> Student <i>Include signed letter from supervisor on institution letterhead verifying full-time student status.</i>	\$800
<input type="checkbox"/> Accompanying Guest Name _____	\$350

Social Events and Information	Attending	Continuing Medical Education Credit: \$150
Opening Reception Saturday 28 March 09 <i>(Included with registration)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, I am interested in earning CME credits <input type="checkbox"/> No, I am not interested in CME credits <i>Your name will appear on the certificate as indicated on the registration form.</i>
“Sunset on the Beach Party” Monday 30 March 09 <i>Tickets are non-refundable</i>	Number of Tickets _____ x \$75 <i>Tickets are non-refundable</i>	

Grand Total \$ _____

Check # _____ Make payable to **ICOSR** (All checks originating outside the US must be bank certified for U.S. Dollars.)

Cash

Credit Card: MasterCard VISA

Credit Card Number: _____ Expiration Date: ____ / ____

Cardholder's Name: _____

Credit Card Holder's Signature: _____

By signing above, I hereby agree to pay the conference total amount according to the card issuer agreement.