

THE WESTERN CLINICAL NEUROPHYSIOLOGY SOCIETY
62nd ANNUAL MEETING REGISTRATION
FRIDAY & SATURDAY
MARCH 7-8TH, 2008
EMBASSY SUITES HOTEL BAYSIDE
DOWNTOWN SAN DIEGO, CA

HOTEL RESERVATIONS MUST BE MADE BY FEBRUARY 5, 2008
1 (619) 239-2400

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____ FAX _____

REGISTRATION FEES (US DOLLARS ONLY)

	ONE DAY	BOTH DAYS
MEMBERS	\$ 150	\$ 275
NON-MEMBERS	\$ 175	\$ 325
TRAINEES	\$ 75	\$ 150

REGISTRATION MUST BE RECEIVED BY FEBRUARY 1, 2008
THERE WILL BE A FEE OF \$50 FOR LATE REGISTRATIONS

IF UNABLE TO ENCLOSE CHECK ON TIME, PLEASE SEND REG FORM BY DEADLINE

IF ATTENDING ONLY ONE DAY SESSION, PLEASE INDICATE WHICH DAY

FRI _____ SAT _____ TOTAL AMOUNT ENCLOSED \$ _____

I WILL BE ATTENDING THE FRIDAY NIGHT ROUNDTABLE YES _____ NO _____

PLEASE MAKE CHECK PAYABLE TO WCNS (**US FUNDS ONLY**)

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