



NDS-2015

# NEUROLOGICAL DISORDERS SUMMIT

July, 2015 San Francisco  
06-08 USA

## Registration Form

Name \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_

Telephone \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Interested in  Speaking  Poster Presentation  Oral Presentation  
 Conducting Workshop  Conducting Symposium  Others

Address \_\_\_\_\_  
\_\_\_\_\_

Additional Information \_\_\_\_\_

Category	Industry / Company	Academics	Student
Before: <b>March 16, 2015</b>	Before: <b>March 16, 2015</b>	Before: <b>March 16, 2015</b>	Before: <b>March 16, 2015</b>
<b>Early Bird Registration</b>	\$ 499	\$ 499	\$ 299
After: <b>March 16, 2015</b>	After: <b>March 16, 2015</b>	After: <b>March 16, 2015</b>	After: <b>March 16, 2015</b>
<b>Speaker Presentation</b>	\$ 799	\$ 699	\$ 399
<b>Poster Presentation</b>	\$ 699	\$ 599	\$ 399
<b>Delegate</b>	\$ 599	\$ 499	\$ 399

### Please enter your card details

Please enter your card details below and click proceed to submit your payment. Fields marked with \* are mandatory

Select Card type      Others  Invoice

Card Number\* \_\_\_\_\_ enter without spaces

Cardholder Name\* \_\_\_\_\_ (names as it appears on the card)

Valid From:\* Month \_\_\_\_\_ Year \_\_\_\_\_

Expiry Date:\* Month \_\_\_\_\_ Year \_\_\_\_\_ Security Code (CVV)\* \_\_\_\_\_

### Registration includes:

- Access to main conference sessions, exhibits, poster sessions and round table discussions
- Conference material
- Tea / Coffee breaks, lunch during the conference days
- Reception

### Accommodation includes:

- Complimentary Wi-Fi in the guest rooms
- Reduced parking to \$10.00 per day
- Complimentary Full American breakfast
- Complimentary Shuttle to and from San Francisco International Airport

Registration on phone call - Book your slot ☎ 408-426-4832, 408-426-4833

United Scientific Group

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