



Society for Behavioral Neuroendocrinology

11th Annual Meeting, June 21-24, 2007

Asilomar Conference Center, Pacific Grove, CA

Name for badge: (First) _____ (Last) _____ (Nickname) _____
 Institution (for badge)(limit to 18 characters and spaces): _____
 Address (for confirmation): _____
 City: _____ State/Country: _____ Zip/Postal Code: _____
 Business Phone: _____ FAX: _____
 Email: _____

Early Fee Deadline is April 1, 2007

REGISTRATION FEES: (Mark Appropriate Boxes)

Registration fees include conference materials, morning and afternoon beverage breaks, one ticket to the aquarium event on Saturday, June 23, and one ticket to the banquet on Sunday, June 24. Additional banquet and aquarium tickets are available for purchase below.

	Through 4/1	After 4/2
<input type="checkbox"/> SBN Member (includes post-docs)*	\$250	\$300
<input type="checkbox"/> Non-Member	\$370	\$420
<input type="checkbox"/> Graduate Student Member**	\$125	\$150
<input type="checkbox"/> Graduate Student Non-Member**	\$170	\$195
<input type="checkbox"/> None of the above (optional tickets only)	No Fee	No Fee

*You may register at the member rate if you have paid 2007 SBN dues, or if you pay new member dues. New members should send a Membership Application, C.V., and membership dues (as a separate check made out to SBN Membership; see www.sbn.org for further information).

**Note: Student members must register for triple or quadruple accommodations at Asilomar

WORKSHOP, EXTRA TICKETS

<input type="checkbox"/> Workshop June 21: "Emerging Methods and Technologies in Behavioral Neuroscience"	No Fee	No Fee
<input type="checkbox"/> Banquet ticket for Guests # of Tickets _____ X \$30	_____	_____
<input type="checkbox"/> Extra Aquarium ticket, Adult # of Tickets _____ X \$40	_____	_____
<input type="checkbox"/> Extra Aquarium ticket, Child 12 & under # of Tickets _____ X \$20	_____	_____
<input type="checkbox"/> Whale Watching/Seabird Trip Ticket, Adult # of Tickets _____ X \$100	_____	_____
<input type="checkbox"/> Whale Watching/Seabird Trip Ticket, Child 12 & under # of Tickets _____ X \$75	_____	_____

REGISTRATION FEES \$ _____
EXTRA FEES \$ _____
TOTAL FEES ENCLOSED \$ _____

If faxing registration, 703-790-2672, DO NOT mail original

PAYMENT INFORMATION:

Mail Check Payment to: SBN, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101; FAX: (703) 790-2672; Web: www.SBN.org

VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Credit Card Billing Address: _____

Cardholder Name: _____ Signature: _____