

Please fill in this form and fax it to:

**fax: +39-06-5015636**

**THE HUMAN BRAIN -**  
**International Conference on the Structural Basis for Understanding**  
**Human Brain Function and Dysfunction.**  
**Conference Secretariat**  
 ThreeBee Group, via Quasimodo 20, 00144 Rome, Italy  
 tel: +39-06-5015636 \* fax: +39-06-5015636  
 mail: secretariat@thehumanbrain.org

**DELEGATE DETAILS**

Title/ Prefix:    ( ) Dr.   ( ) Prof.   ( ) Mr.   ( ) Mrs.   ( ) Ms.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home-Address / Street: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone (include Area code): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Hospital/Affiliation/University \_\_\_\_\_

Department: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ City: \_\_\_\_\_

**REGISTRATION FEE SCHEDULE (FORM A)**

<b>Registration Category:</b>	<b>Registration by August 15, 2002</b>	<b>Registration after August 15, 2002</b>	<b>Total</b>
Delegate regular	[EUR 490.00]	[EUR 590.00]	EUR
Delegate regular without lunch+refreshments	[EUR 310.00]	[EUR 410.00]	EUR
Student	[EUR 200.00]	[EUR 300.00]	EUR
Accompanying person		[EUR 70.00]	EUR
One day registration		[EUR 100.00 p. day]	EUR
<b>TOTAL REGISTRATION FEE:</b>			<b>EUR</b>

**HOTEL ACCOMMODATION (FORM B)**

**Travel Dates:**            Arrival: \_\_\_\_ October 2002, Departure: \_\_\_\_ October 2002 = \_\_\_\_ **Nights**

<b>Hotel (Category):</b>	<b>Single</b>	<b>Double</b>	<b>Triple</b>	<b>Total</b>
4-Star-Superior Hotel Melia, via Aurelia, bed with American breakfast buffet	(EUR 187.00 per night)	(EUR 210.00 per night)	---	EUR
Agriturismo Le Canfore rooms with American breakfast buffet	(EUR 105.00 per night)	(EUR 130.00 per night)	---	EUR
Agriturismo Le Canfore apartments with American breakfast buffet	(EUR 145.00 per night)	(EUR 165.00 per night)	(EUR 165.00 per night)	EUR
Accommodation in the center of Rome, bed with breakfast	(EUR 80.00 per night)	(EUR 100.00 per night)	(EUR 110.00 per night)	EUR
Casa del Pellegrino, bed with half board	(EUR 75.00 per night)	(EUR 120.00 per night)	(EUR 140.00 per night)	EUR
Rooms for students (exclusively!) <i>No room reservation charged.</i>	---	(EUR 50.00 per night)	---	EUR
Room reservation fee	(50 EUR per room)			EUR
<b>TOTAL ACCOMMODATION FEE:</b>				<b>EUR</b>

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**SOCIAL EVENTS (FORM C)**

Event	Price	Persons	Total
Get Together, Oct. 4 <sup>th</sup>	EUR 40.00		EUR
Conference Dinner, Oct. 8 <sup>th</sup>	EUR 50.00		EUR
Farewell Drink, Oct. 10 <sup>th</sup>	Free		0,00 EUR
Trip to Tivoli, Oct. 5 <sup>th</sup>	EUR 60.00		EUR
Visit to Vatican Museum and St. Peter's Basilica, Oct.7	EUR 30.00		EUR
Evening trip to the wine cellars in Frascati, Oct. 7 <sup>th</sup>	EUR 40.00		EUR
Borghese Gallery and walking city tour, Oct. 8 <sup>th</sup> (morning)	EUR 30.00		EUR
Monuments, roof gardens, walking city tour Oct 8 <sup>th</sup> (aftern.)	EUR 30.00		EUR
<b>TOTAL SOCIAL EVENTS FEE:</b>			<b>EUR</b>

**REGISTRATION PAYMENT (FORM D)**

A: REGISTRATION:	<b>EUR</b>
B: HOTEL ACCOMMODATION:	<b>EUR</b>
C: SOCIAL EVENTS:	<b>EUR</b>
D: <b>TOTAL PAYMENT:</b>	<b>EUR</b>

**Payment Method**

Please mark your selection with ( X ):

**Bank Transfer**

to:  
**ThreeBee Group**  
 COMIT, Roma,  
 Largo Santa Susanna  
 Ag. 11  
 Account n. 810670901/95  
 ABI 3069  
 CAB 5063

**Credit Card**

Please charge my credit card for the amount of \_\_\_\_\_ **EUR.**

Credit card information:  
 Visa     MasterCard     American Express

Credit Card Number: \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_\_

3-Digits-Security Code: 

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Please enter the last 3 digits of the number on the backside of your credit card (next to your signature) here.

Name of Cardholder: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

All prices include VAT.

Cancellation:

Payment must be received before the conference date in order to guarantee your place. If you are unable to attend the conference you have two options: We are happy to welcome a substitute at any time. Please provide a written request. If you have to cancel entirely we can offer a refund less 10% surcharge providing your cancellation is received in writing to the Conference Secretariat before September 10, 2002. No refunds can be made for cancellations made after that date, but a substitute is welcome at any time. Refunds will be made after the conference. Changes/cancellations will NOT be accepted by telephone. Please fax or mail any changes/cancellations to the Conference Secretariat. Fax: (0039) 06-5015636

Full conditions can be found on the conference website <http://www.thehumanbrain.org>

The organizers cannot be held liable for any hindrance or disruption of Congress proceedings arising from political, social or economic events or other unforeseen incidents beyond their control. Registration of a participant entails acceptance of this condition.

Students applying for the reduced registration rates must obtain a written and signed document from one program director and/or supervisor verifying their status. Please submit the above information to the Conference Secretariat, Santa Lucia, Rome. (fax: 0039 06 5015636)