

American Association of Neuropathologists 86<sup>th</sup> Annual Meeting  
Loews Philadelphia Hotel  
June 10-13, 2010  
Meeting Registration Form  
**PREREGISTRATION MUST BE RECEIVED BY MONDAY APRIL 20<sup>th</sup>**

**Please Type or Print ALL INFORMATION**                      **AANP ID NUMBER** \_\_\_\_\_

Name as it will appear on Badge:

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Degree \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Registration: INCLUDES ONE TICKET TO THE RECEPTION** (add \$25.00 after April 20<sup>th</sup>)

Member (Non-Trainee)	\$275.00	
Nonmember	\$325.00	
Trainee	\$175.00	Enter Amount \$ _____

**Special Course (Thursday June 11)**

*Hereditary Tumor Syndromes of the Nervous System: Clinical, Pathological and Biological Updates.*

Special Course                      \$155.00                      Enter Amount \$ \_\_\_\_\_

**Additional Reception Tickets For Attendees Guest (Friday June 11, 2010)**

*One ticket is included with registration*

Regular Ticket	Number _____	\$20.00 each	
Trainee Ticket	Number _____	\$10.00 each	Enter Amount \$ _____

**Diagnostic Glass Slide Set**

Number \_\_\_\_\_ \$60.00 each                      Enter Amount \$ \_\_\_\_\_

**Total of all Registration Options**

Total \$ \_\_\_\_\_

**Payment**

Check (Made payable to AANP in US Dollars) or Credit Card:

Discover                      Visa                      MasterCard                      American Express

Name on Card \_\_\_\_\_

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

Billing Address of Card \_\_\_\_\_ Zip \_\_\_\_\_

Exp Date \_\_\_\_\_ (MM/YY) Security Code \_\_\_\_\_ (3 digits on back of card)

Signature \_\_\_\_\_

Pre-register online at [www.neuropath.org](http://www.neuropath.org), or return this form with payment/credit card information by fax 216-368-8964 or Mail to: AANP, Office of Secretary-Treasurer, Peggy Harris, Case Western Reserve University, Department of Pathology, 2103 Cornell Road, Cleveland, Ohio 44106 USA.

**Cancellation Policy:** Full Refunds, less \$25.00 US processing fee per registrant will be granted to cancellations received in writing prior to June, 1 2005. No refunds will be granted after this date. Allow 6 weeks following the close of the meeting for refunds to be processed. Refunds will not be given to registrants who do not attend without prior cancellation notice.