Please send this form via fax **no later than June 15, 2010** to:

Registration Fee Payment Form

XII th Magdeburg The Organizing of Brenneckestraße Fax:+49-391-6	e 6, 39118 Magdebu	rg, Germany					
Name of participant							
Fitle, Last Name		First Name				Midd	le Initial
nstitution/Company							
Address							
reet		City, Zip Code				Country	
Contact							
Phone		Fax				E-ma	ail
 I will pay the registration fee of 250 € for academic participants I will pay the registration fee of 150 € for Ph.D students and Magdeburg participants I will pay the registration fee of 500 € for non-academic participants I will pay the per diem registration fee of 50 € for Sunday Monday Tuesday 							
Get-Together (St	aturday, 09/04/10)	Participant Incl.		Accomp 20 €	. Person	7	
Barbecue (Sunda		Incl. 50 €		25 € 50 €			
Via bank transf	er: please transfer n	o later than Jun	e 15, 20	010. to the	e following	Bank	c account:
Account holder:	Leibniz Institute for	Neurobiology					
Bank: Bank sorting code: Account no.: As payment for:	Dresdner Bank Mag 810 800 00 319 500 401 Please give the nar		t; Fee N	Лagdebur	g Meeting	2010	
For international mon	•						
S.W.I.F.TCode: IBAN:	DRESDEFF 810 DE 16 810 800 000	319 500 401					
□ Via credit card:							
Credit Card type:	□Visa	☐ Eurocard/N	MasterC	ard			
Card # Expiration M M /	Date Y Y		S	ecurity C	ode		
Date	Sia	nature					