



2008 NEI Psychopharmacology Academy

GROUP REGISTRATION FORM

Group registration is available for groups of three or more attendees at a price of **\$199 per registrant**. In order to register your group, please read the below information and follow all instructions:

1. Each group member's complete information must be listed on the attached page(s).
2. Please pay with a single check (made payable to NEI) or a single credit card. This payment must cover the fees for all group members listed.
3. Mail the completed form, along with payment, to:

**Attn: Customer Service Dept.
 Neuroscience Education Institute
 1930 Palomar Point Way, Suite 101
 Carlsbad, CA 92008**

Or fax to: (760) 931-8713, Attn: Customer Service Dept.

4. Select the Academy your group wishes to attend (all must attend the same activity):

- _____ Seattle. April 19-20, 2008
- _____ Miami. May 17-18, 2008
- _____ Itasca. September 27-28, 2008
- _____ Jersey City. October 11-12, 2008

5. Calculate group registration fee and select payment method:

Group Registration Fee:

Number in group—all must be listed on the attached page(s): _____ x \$199 = \$_____ (Total Payment)

Please pay with a single check (made payable to NEI) or a single credit card.

Payment Method:

_____ Check or money order _____ Visa _____ MasterCard _____ American Express

Credit card #: _____ Exp. date: _____ / _____

Authorizing signature: _____

Amount authorized: _____ Today's date: _____



2008 NEI Psychopharmacology Academy Group Registration

ATTENDEE LIST

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____



2008 NEI Psychopharmacology Academy Group Registration

ATTENDEE LIST

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Credentials: _____ Specialty: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____
