

**American Association of Neuropathologists 76th Annual Meeting
Atlanta, Georgia — June 8 - 11, 2000
Meeting Registration Form**

*PLEASE TYPE or PRINT ALL INFORMATION
NAME (AS IT WILL APPEAR ON BADGE)*

FIRST	MIDDLE or MIDDLE INITIAL	LAST	DEGREE
DEPARTMENT		INSTITUTION	
ADDRESS		CITY	
STATE	ZIP or POSTAL CODE	COUNTRY	
PHONE (INCLUDE COUNTRY & CITY CODE)		FAX	E-MAIL

1. REGISTRATION FEE

- Member (Non-Trainee) \$100
- Non-member \$150
- Trainee \$ 30

Enter Amount \$

2. SPECIAL COURSE (Thursday, June 8, 2000)

- Special Course \$125

Enter Amount \$

3. RECEPTION (Friday, June 9, 2000)

- Regular Tickets Number _____ @ \$10 each
- Trainee Tickets Number _____ @ \$ 5 each

Enter Amount \$

4. TOTAL OF REGISTRATION OPTIONS

Add all columns and insert total amount here \$

5. PAYMENT

- Check (Make payable to AANP in US \$)
- Credit Card
 - MASTERCARD VISA

Amount Enclosed \$

_____-_____-_____
16-Digit VISA or MASTERCARD NUMBER

_____/_____
EXPIRES (MM/YY)

SIGNATURE

Please return this form with payment or credit card information, by mail to:
AANP, Office of Secretary-Treasurer
Joseph E Parisi MD
Dept Lab Med & Pathol
Mayo Clinic
200 First St SW
Rochester, MN 55905 USA
or by FAX (507-284-1599).

FOR OFFICE USE ONLY:
 Recd _____
 Ck Date _____ Ck# _____ Personal/ Inst _____
 Chg Date _____ AP# _____
 GPO# _____ Batch# _____