

**16<sup>th</sup> Annual Neuroscience Retreat**  
**LSUHSC Neuroscience Center of Excellence**  
**April 9, 2005**

**Registration Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**REGISTRATION FEES\* (by April 1):**

|            |                 |            |
|------------|-----------------|------------|
| Faculty    | Student/Postdoc | Staff      |
| \$30 _____ | \$15 _____      | \$15 _____ |

**LATE REGISTRATION FEES (after April 1):**

|            |                  |            |
|------------|------------------|------------|
| Faculty    | Students/Postdoc | Staff      |
| \$45 _____ | \$25 _____       | \$25 _____ |

**(Make checks payable to LSUHSC Foundation)**

Please return form and dues by **April 1, 2004** to:  
Zevenaar (Zevie) Davis  
LSUHSC Neuroscience Center, 2020 Gravier Street, Suite D  
New Orleans, LA 70112

**\*The registration fee covers a printed program of the retreat, continental breakfast, coffee breaks, and light lunch for each participant as well as access to the competition for 10 travel awards (\$600 each) for postdoctoral fellows, residents, and students of LSUHSC.**