



Alzheimer's
Drug Discovery
Foundation

11th ANNUAL DRUG DISCOVERY FOR NEURODEGENERATION: An Educational Course on Translating Research into Drugs

REGISTRATION

March 12-14, 2017 • San Diego, CA

REGISTRATION FOR THE CONFERENCE INCLUDES:

- Access to the conference sessions, poster presentations and exhibits
- Program book inclusive of abstracts and speaker bios
- Continental breakfast and lunch (February 13 and February 14)
- Coffee breaks (February 13 and February 14)
- Access to the Welcome Reception (February 12)
- Access to the Networking and Poster Reception (February 13)

* Proof of academic status is required; please submit copy of student ID

** A start-up biotechnology company is defined as an organization less than three years old and with 20 or fewer employees. All such registrations require prior approval from the Secretariat.

*** Guest access to the two receptions only (guest must be accompanied by the registrant).

**** Proof of affiliation will be required prior to the event.

SINGLE REGISTRATION (all fees in US Dollars)	EARLY BIRD (Received before Jan 12, 2017)	STANDARD (Received on/after Jan 12, 2017)	AT DOOR	AMOUNT
Post-Doctoral / Graduate Student*	\$200	\$225	\$275	
Academia /Government / Non-Profit Organization or Start-up Biotechnology Company**	\$225	\$250	\$300	
Industry and Private Practice	\$600	\$650	\$700	
Welcome & Networking Reception Guest***	\$55	\$55	\$55	
Media****	\$0	\$0	\$0	

TOTAL AMOUNT DUE \$

DAY RATES/GROUPS

Day rates are available. Also, groups of three or more from any one organization benefit from additional discounts – please contact the Conference Secretariat for details.

CHANGES TO THE PROGRAM:

Although great care has been taken in preparing and updating the meeting program, the organizers cannot be held responsible or accept any liability for inaccuracies or omissions and cannot be held responsible for any damage, loss or costs resulting from the compiled information.

LIABILITY:

The meeting organizers and the secretariat will not accept liability for any personal injury, damage or loss that may occur during or directly arising from this meeting. In addition, the meeting organizers reserve the right to change the contents, venue and/or time as necessary.

CANCELLATIONS:

Cancellations must be made in writing. A full refund minus a \$50 processing fee is available through January 12, 2017. No partial refunds will be made available. Fax requests for cancellation to Sara Classen at +1.212.901.8010.

SUBSTITUTIONS:

Changes to attendee information or registration substitutions must be made no later than January 29, 2017.

FAX COMPLETED FORM TO:

+1.212.901.8010

or

MAIL TO:

Sara Classen

Assistant Director, Scientific Events

**Alzheimer's Drug Discovery Foundation
57 West 57th Street, Suite 904
New York, NY 10019—USA**

Questions about registration
should be addressed to:

Sara Classen

Assistant Director, Scientific Events

**Alzheimer's Drug Discovery Foundation
57 West 57th Street, Suite 904
New York, NY 10019—USA**

T +1.212.901.8009 • F +1.212.901.8010

sclassen@alzdiscovery.org

**Register online at:
www.alzdiscovery.org**

REGISTRANT INFORMATION

REGISTRANT 1 (all fields marked * are required)

First Name*	Last Name*	Suffix* (PhD, MD, MD/PhD, MS, etc.)
Position/Title*		
Organization*		Department
Address*		
City, State/Province, Zip Code*		Country*
Email Address*		Telephone*
Special Requirements (accessibility, TDD, diet, etc.)		

REGISTRANT 2

First Name*	Last Name*	Suffix* (PhD, MD, MD/PhD, MS, etc.)
Organization	Position/Title*	Registrant's Department
Email Address	Telephone	
Special Requirements (accessibility, TDD, diet, etc.)		

RECEPTION GUEST

Guest's Name (as it should appear on the badge)

METHOD OF PAYMENT

☐ Check payable to Alzheimer's Drug Discovery Foundation
(checks should be drawn ONLY on a US bank)

☐ Visa

☐ Discover

☐ MasterCard

☐ AmEx

Name as it appears on the Credit Card

Credit Card Number

Expiration Date

Security Code (last 3 digits on the back of your card if Visa/MC/ID, 4 digits on the front of your card if AmEx)

Signature

Billing Address (if different from above)

Billing Address (cont.)

City/State or Province/Zip Code or Postal Code

Country