Alzheimer's Drug Discovery Foundation

12th ANNUAL DRUG DISCOVERY FOR NEURODEGENERATION:
An Educational Course on Translating Research into Drugs

REGISTRATION

February 4-6, 2018 • Washington, DC

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 5 and February 6)
- Coffee breaks (February 5 and February 6)
- Access to the Welcome Reception (February 4)
- Access to the Networking and Poster Reception (February 5)

* *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 on or before Jan 12, 2018)	STANDARD (Received after Jan 12, 2018)	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, 2018. 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 22, 2018.

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:
tinyurl.com/addf-ddnd

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.)

PARTNERING SESSIONS

Interested to participate in Partnering Sessions? ☐ Yes ☐ No

These focused 15 minute one-on-one meetings with members of the ADDF Scientific Board and select conference speakers allow attendees to discuss projects and are designed to foster future collaborations towards accelerating drug discovery for neurodegenerative diseases.

METHOD OF PAYMENT

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

☐ Visa ☐ MasterCard ☐ Discover ☐ 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/D, 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