

# Meeting Registration

**6<sup>th</sup> International Congress on Meningiomas and Cerebral Venous System**  
**September 3 – 6, 2008**  
**John B. Hynes Veterans Memorial Convention Center**  
**Boston, Massachusetts, United States**

Please print or type:

Last Name (Family Name)		First Name		Credentials	
Organization					
Address					
City		State	Zip	Country	
Phone			Fax Number		
E-mail Address					
Do you speak a second language? <input type="checkbox"/> No <input type="checkbox"/> Yes Other Language: _____					

## Meeting Registration Fees

	Registration received on or before 08/04/08	Registration received 08/05/08 or after
Neurosurgeon (101)	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$500 USD
Radiation Oncologist, Neuro-Oncologist, Scientist (102)	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$500 USD
International Attendee (106)	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$500 USD
Resident/Fellow/Medical Student (103)	<input type="checkbox"/> \$225 USD	<input type="checkbox"/> \$275 USD
Nurse (104)	<input type="checkbox"/> \$225 USD	<input type="checkbox"/> \$275 USD
Allied Health Personnel (105)	<input type="checkbox"/> \$225 USD	<input type="checkbox"/> \$275 USD
Spouse (150)	<input type="checkbox"/> \$225 USD	<input type="checkbox"/> \$225 USD
Guest (151)	<input type="checkbox"/> \$225 USD	<input type="checkbox"/> \$225 USD (Quantity) _____
Meningioma Awareness Day (MAD) Attendee	<input type="checkbox"/> \$30 USD	<input type="checkbox"/> \$35 USD (Quantity) _____

Spouse/Guest First Name Last Name

Spouse/Guest First Name Last Name

## Social Events and Optional Tours\* (further details found on page 9)

Ducks, Sharks and Penguins Tour	Quantity _____ @ \$78 USD (per person)
Opening Reception**	Quantity _____ @ \$65 USD (per person)
Baseball and Art: Fenway Park and The Isabelle Gardner Museum	Quantity _____ @ \$73 USD (per person)
Listen My Children and You Shall Hear of the Midnight Ride of Paul Revere	Quantity _____ @ \$65 USD (per person)
John F. Kennedy Presidential Library and Museum Historic Brick Facades: The Mansions of Beacon Hill and The State House	Quantity _____ @ \$90 USD (per person)
Final Banquet**	Quantity _____ @ \$100 USD (per person)
Liberty Revolution Tour	Quantity _____ @ \$48 USD (per person)
Whale of a Tail, Whale Watching Excursion	Quantity _____ @ \$97 USD (per person)

### TOTAL

\* If a tour minimum is not met, the tour may be cancelled and the money will be refunded. Notifications of the cancellation will be sent.

\*\* Each medical registrant and guest/spouse registrant receives a ticket with registration.

## Method of Payment

Check  Visa  MasterCard  American Express

Check Number	Amount Paid
Credit Card Number	Expiration Date
Print name as it appears on credit card	

Signature (I agree to pay above total according to card issuer agreement)

Please make checks payable in U.S. dollars, drawn on a U.S. bank, and mail to:

**Meningioma and Cerebral Venous System, c/o Conference Technology Enhancements,  
 PO Box 2686, Des Plaines, IL 60018**

Please Note: Do not send this form via Federal Express, UPS, or Airborne, the only overnight service that will deliver to this address is the U.S. Postal Service.

## Ways To Register

Completed registration forms with credit card details can be submitted via online, faxed or mailed to the MCVS Registration & Housing Bureau. The online registration form is the most immediate and secure method of registration.

■ Online:  
[www.TheMeningiomaConference2008.org](http://www.TheMeningiomaConference2008.org)

■ Fax: (800) 952-9812 (U.S.);  
 (847) 759-4228 (International)

■ Mail: MCVS Registration & Housing Bureau  
 c/o Conference Technology  
 Enhancements  
 PO Box 2686  
 Des Plaines, IL 60018

For wire transfers, please contact the MCVS Registration & Housing Bureau at (800) 713-0791 (U.S.) or (847) 759-4255 (International) or e-mail [aansmcvs@cteusa.com](mailto:aansmcvs@cteusa.com).

## Confirmation

All registrants will receive a confirmation letter by e-mail, fax (if no e-mail is provided) or mail (if no e-mail or fax number is provided) confirming their enrollment within 48 hours of receipt of registration forms. You will receive one confirmation for registration and one for housing.

## Cancellation Policy

Requests for registrant cancellation must be submitted IN WRITING to:  
 MCVS Housing & Registration Bureau  
 c/o Conference Technology Enhancements  
 PO Box 2686  
 Des Plaines, IL 60018  
 Fax: (800) 952-9812 (U.S.) / (847) 759-4228 (International)  
 E-mail: [aansmcvs@cteusa.com](mailto:aansmcvs@cteusa.com)

All refunds will be processed and mailed following the meeting. Refunds will be made in accordance with the following schedule:

- Cancellations received on or before Tuesday, July 1, 2008, will receive a full refund less a \$50 service fee.
- Cancellations received between Wednesday, July 2, 2008 and Tuesday, August 26, 2008 will receive a full refund less a \$100 service fee.
- No refunds will be granted if received on or after Wednesday, August 27, 2008.

## Questions?

If you have questions, contact the MCVS Housing & Registration Bureau at (800) 713-0791 (U.S.) or (847) 759-4255 (International) or e-mail [aansmcvs@cteusa.com](mailto:aansmcvs@cteusa.com).