

**Association of  
Anatomy  
Cell  
Biology  
Neurobiology  
Chairpersons**

**ANNUAL WINTER CONFERENCE  
Los Suenos Marriott Ocean & Golf Resort  
Playa Herradura, Costa Rica  
January 16-19, 2008**

**REGISTRATION INFORMATION**

Fees are non-negotiable and include sessions, socializers, and the banquet.

Regular Members and Sponsors: \$350.00, Emeritus Members: \$200.00 (if payment is received by registration deadline).

Enter names as you wish them to appear on name tags.

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$150.00

Accompanying Guest of Members and Sponsors

Name \_\_\_\_\_ \$80.00/\$150.00

Child\*

Name \_\_\_\_\_ \$80.00/\$150.00 **TOTAL: \$ \_\_\_\_\_**

Child\*

Note: \*Fees for children 13 and under are \$80.00 & over 13 are \$150.00, if they participate in the socializers and the banquet.

Affiliation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PAYMENT INFORMATION**

Purchase Orders will not be accepted. Payment can be made either by CHECK (payable in US dollars only) to the address below or by CREDIT CARD (MasterCard or VISA). If you opt to pay with a credit card, the completed information can be faxed to (304) 696-7290, or e-mailed to [lucaskh@marshall.edu](mailto:lucaskh@marshall.edu) or called in to (304) 696-7390.

Credit Card Information: MasterCard ( ) Visa ( ) Discover ( ) Exp. Date \_\_\_\_/\_\_\_\_

Credit Card #: \_\_\_\_\_ Verification Code (last 3 numbers on back) \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Checks or International money orders payable in US dollars only to:

AACBNC, c/o William B. Rhoten

Department of Anatomy & Pathology

Joan C. Edwards School of Medicine at Marshall University

1542 Spring Valley Drive

Huntington, WV 25704-9388 USA

**Registration fees must be received in the Association office NO LATER THAN October 1<sup>st</sup>, 2007. After October 1<sup>st</sup> you MUST include an additional \$50.00 as a late registration fee.**

**Completed Registration Forms MUST accompany payment. There will be no refunds for cancellations after January 2, 2008. Remember to SIGN THE FORM before you fax it. Be sure to include your current e-mail address for information updates.**

# AACBNC Winter Conference in Costa Rica, January 15 - 20, 2008

## MANUEL ANTONIO NATIONAL PARK TOUR REGISTRATION FORM

DATE	COST/PERSON	# of people	Total \$\$
Wed, January 16, 2008	\$65		

If you are paying for the Manuel Antonio National Park trip with a different credit card than your Meeting Registration, PLEASE enter the information below. If you are paying with the same credit card as your Meeting Registration, PLEASE add the Manuel Antonio NP Total to you Meeting Registration Total Amount on the first page.

Payment can be made either by CHECK (payable in US dollars only) to the address below or by CREDIT CARD (MasterCard, VISA or Discover). If you opt to pay with a credit card, the completed information can be faxed to (304) 696-7290, or e-mailed to [lucaskh@marshall.edu](mailto:lucaskh@marshall.edu) or called in to (304) 696-7390.

**Credit Card Information** (please check one): **MasterCard** (  ), **Visa** (  ), **Discover** (  )

**Credit Card number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Verification Code** (last 3 numbers on back) \_\_\_\_\_

\_\_\_\_\_  
**Print Cardholder's Name**

**Signature:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_  
**City** \_\_\_\_\_ **State or Province** \_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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