REGISTRATION FORM

Satellite Symposium SPINAL CORD PLASTICITY IN MOTOR CONTROL

8:00 am-5:00 pm on Friday, November 14, 2014 Georgetown Room, Marriott Marquis, DC

□ Student: \$25 □ Postdoc/Fellow/Lab Tech/Intern: \$50 □ Other: \$100 First Name:	Check One:					
Degree: Title:	□ Student: \$25	□ Po	stdoc/Fellow/Lab Te	ech/Intern: \$50	□ Other: \$100	
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Name for Badge:	Degree: Title:					
Would you like to present at the symposium?						
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Title of presentation: Abstract of presentation (max 200 words, please attach) Payment (check one) Check (made out to Health Research Inc.) Credit Card Visa MasterCard Discover Card Number: Expiration: Verification code (3 digits on back): Name on card:	Would you like to pr	esent at the s	symposium?	Yes □ No		
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Send registration form and payment to:

Email: sophia.pallone@health.ny.gov

Voice: 518-473-3631; Fax: 518-486-4910

Mail: Sophia Pallone, C522, Wadsworth Center, NYS DOH, PO Box 509, Albany, NY, USA 12201-0509

You are not registered until payment is received. Receipts and confirmation will be sent.

If you need financial assistance or would like to sponsor a student, please contact Sophia Pallone. sophia.pallone@health.ny.gov