

NEURAL MECHANISMS OF OCULOMOTOR AND VESTIBULAR FUNCTION
OCT 5-8 2008 - SMULLIN HEALTH EDUCATION CENTER – MEDFORD, OR

PAYMENT FORM

Mail or Fax to:

Smullin Center
2825 E. Barnett Road
Medford, OR 97504

Fax: (541) 789-5853

REGISTRANT INFORMATION

First Name:	Middle:	Last:	
Position:	Affiliation:		
Street Address:			
City:	State / Province:	Country:	Postal Code:
Phone:	Fax:		
E-mail:			

PAYMENT INFORMATION

Payment can be made by personal check, money order, Visa, or MasterCard. Please make all checks payable to '**Asante Health Systems.**' Please send your check or money order with this form. Card payment can be made either through this form or by phone. Instructions for card payment by phone can be found at the conference website. Conference fees are listed below:

Registration Fee	\$200.00	(\$250.00 after August 31 st)
Banquet Fee	\$100.00 per person	

Payment Method: Personal Check ☐ Money Order ☐ Visa ☐ MasterCard ☐

VISA OR MASTERCARD INFORMATION

Total Registration Fees: _____	Name on Card:	
Total Banquet Fees: _____		
Total Payment Enclosed (Check) / to be Billed (Card): _____	Card Number:	Expiration Date /

Signature

Date