

Baycrest Inaugural Research Division Conference  
**NEUROSCIENCE OF EMOTION AND EMOTION-RELATED DISORDERS**  
 March 27, 28 & 29, 2011 - The Four Seasons Hotel, Toronto, ON Canada

**NAME** (please print) **(last)** \_\_\_\_\_ **(first)** \_\_\_\_\_
 
☐ **Dr.** ☐ **Mr.**  
☐ **Mrs.** ☐ **Ms.**

**POSITION** \_\_\_\_\_ **DEPT.** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**PREFERRED MAILING ADDRESS:** home ☐ business ☐

**STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_

**PROV./STATE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_ **POSTAL/ZIP CODE** \_\_\_\_\_

**PHONE** (     ) \_\_\_\_\_

**EMAIL** (required for on-line registration confirmation) \_\_\_\_\_

**PROFESSIONAL DISCIPLINE** \_\_\_\_\_

**STATUS** ☐ Practicing Clinician ☐ Funded Researcher ☐ Academic/Teaching ☐ Fellow/Resident/Student

<b>DATES ATTENDING (Please ✓)</b> <input type="checkbox"/> (Sunday, March 27, 2011) <input type="checkbox"/> (Monday, March 28 & Tuesday, March 29, 2011)			
<b>REGISTRATION FEES:</b>	<b>BEFORE JAN. 31/2011</b>	<b>AFTER JAN. 31/2011</b>	<b>*ON-SITE PAYMENT</b>
	CDN. or U.S. Funds	CDN. or U.S. Funds	CDN. or U.S. Funds
<b>SUNDAY</b>			
Regular Registration	<input type="checkbox"/> \$160	<input type="checkbox"/> \$180	<input type="checkbox"/> \$200
Fellow/Resident/Student	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160
<b>MONDAY &amp; TUESDAY</b>			
Regular Registration	<input type="checkbox"/> \$380	<input type="checkbox"/> \$400	<input type="checkbox"/> \$420
Fellow/Resident/Student	<input type="checkbox"/> \$180	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220

**TOTAL PAYMENT:** \$ \_\_\_\_\_

After February 28<sup>th</sup>, please call to confirm availability. **\*ANY registrations received after March 10<sup>th</sup> will be processed as on-site registrations. SPACES CANNOT BE HELD WITHOUT PAYMENT!**

**METHOD OF PAYMENT:**

**CHEQUE/MONEY ORDER** ☐ Enclosed

**CREDIT CARD:** ☐ VISA ☐ MASTERCARD ☐ AMEX **NUMBER** \_\_\_\_\_ **EXPIRY** \_\_\_\_ / \_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Cheque/Money Order - payment should be made to BAYCREST and mailed with this registration form to:  
**Conferences at Baycrest, Library Office**  
**3560 Bathurst Street**  
**Toronto, ON, Canada, M6A 2E1**

Fax: (647) 788-1598 OR to register on-line, please visit our secure site at [www.peopleware.net/0056](http://www.peopleware.net/0056)

For details regarding our registration privacy policy, please contact the administrative office at (416) 785-2500, ext. 2363.