

REGISTRATION FORM

Revelle Forum at The Neurosciences Institute

Events

Please list the event(s) you would like to attend (please include the cost and Section ID number for each event – see <http://revelleforum.ucsd.edu> for more information):

FEE TOTAL _____

Registration Information

- Ms. Name _____
- Mrs. Social Security Number _____
- Miss Address _____
- Mr. _____
- Dr. City, State, Zip Code _____
- Phone _____
- Name of Employer _____
- E-mail _____

Payment Method (full payment must accompany this form):

Cash/Personal Check (Payable to UC Regents – send form with payment)

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Expiration Date _____ / _____

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