FIFTH EEGLAB WORKSHOP
REGISTRATION FEE PAYMENT FORM

1. Name of participant

   Family name: _____   First name: _____

2. Check one option below to indicate the appropriate fee level for you:

   _____ Academic/professional/technician $575 (US)

   _____ Student/Postdoc $375 (US)

3. Check one option below to Indicate method of payment

   _____ Check or Money order payable to: **UC Regents / EEGLAB Workshop**

   → **NB:** Payment must be in U.S. dollars from a U.S. bank. Bank transfers are not accepted.
   Make sure to mention your name or join this form to your payment.

   _____ Charge my fee to my: _____ Visa   or to my _____ Mastercard

   Credit Card Number   _____

   Expiration date (MM/YY)   _____/_____

   Name of Cardholder as it appears on card   _____

   Signature of cardholder   _____

   → **NB:** The transaction will appear as "**UCSD Conference Services**" on your card statement

4. Provide your email address _____ (You will receive an email
confirmation upon receipt of this fax or letter)

5. **FAX THIS FORM TO** +1-858-458-1847 (ATTN: Lori Koller)

   OR MAIL IT TO
   Lori Koller
   UCSD/ INC
   9500 Gilman Dr., 0961
   La Jolla, CA 92093-0961

THE DEADLINE FOR RECEIPT OF PAYMENT IS SEPTEMBER 15, 2007