

FIRST 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 \$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 _____

Email address _____

(You will receive email confirmation when payment is processed)

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

4. **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

→ **NB** :If mailing, please also send an email to lkoller@sccn.ucsd.edu to confirm mailing.

THE DEADLINE FOR RECEIPT OF PAYMENT IS AUGUST 23, 2004